

THE COMMONWEALTH OF MASSACHUSETTS

A N N U A L R E P O R T

of the

T R U S T E E S

of the

Mass: B O S T O N S T A T E H O S P I T A L (Insane)

for the

YEAR ENDING JUNE 30, 1955

The Hundredth and Fifteenth Annual Report

of the

Hospital

Founded in 1839 by the City of Boston

(Imprint)

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HOSPITAL POLICY

The Boston State Hospital has as its objectives:

1. The increase in the number of patients discharged, to the community, as recovered from mental illness.
2. The reduction of the time spent by each patient in the hospital.
3. The reduction of the incidence of relapse and consequent readmissions.
4. The improvement in comfort and sense of well being of those who must remain in the hospital.
5. The more complete rehabilitation of patients who have had a mental illness so that they may find a secure place in the community.
6. The decrease in the incidence of mental illness in the community, if possible.
7. The creation of a place where all professions interested in mental and emotional problems of people may study human behavior and contribute to the alleviation of human suffering.
8. The discharge of its mission in the most efficient and economical way with an ever present awareness of obligation and service to the people of this Commonwealth.

BOSTON STATE HOSPITAL

(Post Office Address, Boston 24, Mass.)

BOARD OF TRUSTEES

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Mrs. Margaret M. Hurley
Francis M. Rackemann, M. D.
Mr. Harry Schlesinger
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M. S.

Mr. Avery W. Cook

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Medical Director
Assistant Superintendent
and Assistant
Medical Director
Director of Clinical
Psychiatry
Director of Research

Principal of the School
of Nursing and
Nursing Director
Steward and Director of
Business Administration

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John M. Mackenzie, M. D.
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A.J.A. Campbell, M. D.
Hyman Morrison, M. D.
Walter E. Barton, M. D. Ex-officio
James Mann, M. D. Ex-officio

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Vice Chairman
Secretary

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Mrs. Mabel F. McKenzie, R. N.	Assistant Principal of the School of Nursing
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Miss Dorothea Preston	Assistant Treasurer
Mr. Harold W. Walsh, M. S.	Head Social Worker
Miss Inez Huntting, O.T.R.	Head Occupational Therapist
Mrs. Viola M. Union	Principal Clerk
Mr. Michael J. Waldron, Jr.	Institution Chief Power Plant Engineer
Mr. David M. Barrett	Maintenance Foreman
Mr. Bernard Leonard	Storekeeper
Mr. John F. Moylen	Head Industrial Therapist
Mr. Joseph Contaldo	Head Laundryman
Mrs. Helen Logue	Head Housekeeper
Mr. Eric L. McNab	Head - Garage, Grounds and Farm Departments
Mrs. Genevieve Stella	Head Seamstress
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Mrs. Elizabeth Williams	Assistant Dietitian

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Rev. John Lawlor
Rev. Judson Howard
Rabbi Abraham Koolyk

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Reception Service

Irving M. Rosen, M. D.

Senior Physician in Charge -
Male Wards

Erwin Haskell Schell, M. D.

Senior Physician in Charge -
Female Wards

West Men's Service

Robert S. Johnson, M. D.

Senior Physician

West Women's Service

Ruth Ehrenberg, M. D.

Senior Physician

East Service

Harold G. Wilson, M. D.

Senior Physician

Medical Service

Harold F. Bolding, M. D.

Senior Physician and Chief
of Service

N. Anthony Biechieri, M. D.

Senior Physician

Hospital Pathologist

Naomi Raskin, M. D.

Senior Physician

David Blau, M. D. (M.L.O.A.)

Senior Physician

Assistant Physicians

Douglas Stratton, M. D.

William P. Parker, M. D.

Burton Stulberg, M. D.

John H. Porter, III, M. D.

Vsevolod Sadovnikoff, M. D.

Malkah Tolpin, M. D.

Zenos Linnell, M. D.

Gerardo Amargos, M. D.

Psychiatric Residents

Alexander P. Hyde, M. D.

Frank S. G. Wills, M. D.

Melvin Kayce, M. D.

Maurice Brosseau, M. D.

Malcolm L. Rosenblatt, M. D.

George L. Walker, M. D.

James A. Robinson, M. D.

Louis M. Geller, M. D.

Donald T. Devine, M. D.

Rose Winston, M. D.

Marvin Krims, M. D.

VISITING STAFF

Surgical Division

Chief Surgeon
Visiting Surgeon, Senior
Visiting Surgeons

Assistants to the Visiting Surgeon

Visiting Surgeon, Senior, Bone
and Joint Diseases and Orthopedic
Disorders
Visiting Surgeon, Orthopedic
Visiting Surgeon, Senior, Thoracic
Visiting Surgeon, Thoracic
Visiting Surgeon, Senior -
Neurosurgery
Visiting Surgeon, Neurosurgery
Visiting Surgeon, Senior, G. U.
Visiting Surgeon, G. U.
Assistant Urologist
Visiting Surgeon, Senior -
Ophthalmology
Visiting Surgeon, Ophthalmology
Visiting Surgeon, Otolaryngology

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Charles G. Shedd, M. D.
J. Edward Flynn, M. D.
Albert S. Murphy, M.D.
Karl D. Kasparian, M. D.
Eugene Guralnick, M. D.
Harold I. Miller, M. D.
Stanley Mikel, M. D. (MLOA)

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Richard M. Kilfoyle, M.D.
Joseph P. Lynch, M. D.
John W. Strieder, M. D.

Donald Munro, M. D.
Warren R. Sisson, Jr., M.D.
Max L. Brodny, M. D.
Joseph Fischmann, M. D.
Hyman Hershman, M. D.

Garrett L. Sullivan, M. D.
Francis J. West, M. D.
Sidney Wilker, M. D.

Medical Division

Chief of Medicine
Visiting Physician, Senior -
Dermatology
Visiting Physician, Senior -
Medicine and Allergy
Visiting Physician, Senior -
Endocrinology
Visiting Physician, Medicine and
Hematology
Visiting Physician, Medicine and
Hematology
Visiting Physician, Medicine
Visiting Physician, Radiology
Visiting Physician, Tuberculosis
Visiting Physician, Physical
Medicine
Visiting Physician

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Francis M. Rackemann, M. D.
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William Dameshek, M. D.
Edward Adelson, M. D.
Samuel Stearns, M. D.
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Joseph D. Wassersug, M.D.
Louis Feldman, M. D.
David G. Oppenheim, M.D.

Psychiatric Division

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Visiting Psychiatrist
Visiting Psychiatrists
Chief Psychiatrist and Chief of
Professional Services
Visiting Neurologist, Senior

Consultant in Research
Consultant in Research
Consultant in Clinical Research

A. Warren Stearns, M.D.
Robert T. Long, M. D.
Veronica B. Tisza, M.D.

James Mann, M. D.
Wilfred Bloomberg, M. D.

Roy G. Hoskins, M. D.
William B. Castle, M.D.
Elvin V. Semrad, M. D.

Dental Division

Visiting Oral Surgeon, Senior
Visiting Oral Surgeon
Visiting Oral Surgeon

Richard Norton, D.M.D.
Daniel J. Holland, D.M.D.
Edward L. Sleeper, D.M.D.

Visiting Anesthetist

Murray Winston, M. D.
Irving E. Gilbert, M. D.
Frances E. Evans, M. D.

Assistants in Psychiatry

Newman Cohen, M. D.
Frank G. Bucknam, M. D.
Alvin V. Stander, M. D.

Assistants in Medicine

Elsie W. Brown, M. D.
Leo Hess, M. D.
Edward H. Hommel, M. D.
Arnold Mills, M. D.
Harold Wolman, M. D.
William H. Eger, M. D.
Sidney Koretsky, M. D.

Visiting Podiatrist

Charles H. Thorner

Research Staff

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Leo Alexander, M. D.

Davide Limentani, M. D.

John Arsenian, Ph.D.

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Mr. Leon Farrell

Director
Director, Neurobiological
Unit
Senior Psychiatrist and
Research Associate
Chief Clinical
Psychologist
Psychologist
Electroencephalographic
Technician

Research in Rehabilitation

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Miss Hilma Unterberger

Mr. John Anttila
Mr. Walter Birdsall
Miss Barbara Burt
Miss Sophie Glebow
Mr. Nathan Gould
Mr. Burchard A. Royce
Mr. Harold Zamansky
Mr. Richard Salisbury

Director
Assistant Principal of
School of Nursing
Vocational Rehabilitation
Counsellor
Recreation Supervisor
Psychologist
Sociologist
Psychiatric Social Worker
Sociologist
Educational Supervisor
Head Psychologist
Anthropologist

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William Caudill, Ph.D.

Frederick Mosteller, Ph.D.

Ronald Lippitt, Ph.D.

Alfred Stanton, M. D.

Joseph Zubin, Ph.D.

National Institute of
Mental Health
Harvard University,
School of Social Relati
Harvard University,
School of Social Relati
University of Michigan,
Ann Arbor, Michigan
Veterans Administration
Hospital, Boston, Mass.
New York State Psychiatr
Institute, New York

The Briggs Clinic

Max Day, M. D.
Mr. Olof Johnson
Miss Elizabeth Eckhoff
Miss Sarra Kilstein

Director
Head Psychologist
Social Worker
Social Worker

Dental Department

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Berj Q. Chutjian, D.M.D.
Mrs. Laura Weinrebe
Mrs. Roberta Rice

Dentist
Dentist
Dental Hygienist
Dental Assistant

TO HIS EXCELLENCY THE GOVERNOR AND THE HONORABLE COUNCIL:

The Trustees of the Boston State Hospital have the honor to submit herewith their II5th Annual Report, covering the year ending June 30, 1955.

Detailed operations of the year are shown in the reports of the Superintendent and the other department heads as appended.

One of the outstanding events of the year was the thorough inspection by the American Psychiatric Association of the hospital and its operation. This resulted in the issuing of full approval by the Joint Commission on Accreditation of hospitals. Attention in the report was invited to the excellence of the work of the institution, but also the serious overcrowding and understaffing. The Trustees call attention to the overcrowding in the I-building, male security; the Upper-H, male continued-treatment building; B-building for geriatric cases, and the East Women's Service. To a certain extent this will be relieved by the 300-bed Medical and Surgical Building now under construction. The ground-breaking ceremony for that building was attended by Your Excellency the Governor, Christian A. Herter, and Commissioner Jack R. Ewalt on November 1, 1954. We, too, are distressed by the understaffing called attention to in the report by the A.P.A. Inspector. There are still wards of 60 to 70 or more patients that are sometimes cared for by

one attendant. When that attendant is taking a patient to the ambulance for clinic service or getting laundry or taking patients to the cafeteria, there are patients for a while that are completely unattended and unsupervised. This distresses us.

Mr. Harry Schlesinger was named a new Trustee in April of 1955, replacing Bertram Loewenberg who had served the Trustees faithfully and well.

Even though the hospital has a very active treatment program, there are still many patients who spend their day in idleness. We realize that these are the sicker and more regressed patients. Nevertheless, they distress us because they symbolize abandoned hope. We are encouraged with results obtained from intensive work with this group by means of recreation, occupation and educational types of activities. Even though they do not recover, they become better hospital citizens and more comfortable to care for, with less destruction, assaultiveness, and greater personal enjoyment. We are interested, too, in the treatment of chronic patients. On these wards where minimal coverage exists, there is little opportunity for habit training and patients oftentimes go without shoes ~~for~~ stockings and are poorly clad. We are hopeful that some expansion of the staff may be made so that better care may be given this group, and that the new clothing system now being instituted may result in greater quantities of available clothing for this group as well. We realize that

The intensive active treatment program which has produced such good results and has restored hope in the treatment of mental illness is responsible in large measure for the reduced staff among the chronic patients. We can only hope that we could do a better job at both ends of the treatment scale.

Being business men and citizens, we are interested in the appearance of wards and buildings. We find that the maintenance staff is not equal to the task of keeping the buildings in top flight condition. With present maintenance crews it is possible to paint any one area no more often than once in ten years. Extensive areas of the floors need replacing and repair. In many areas, windows need extensive repair as ~~do~~ doors. We would recommend an increase in the maintenance force in order that there might be an improvement in the overall upkeep of wards and buildings. We would like to see improved furnishings in the living spaces occupied by patients. We would like to see screens on the windows to hold out flies. Building maintenance during the year was handicapped somewhat by two floods, and as this is written, the third. In the first flood, Hurricane Carol did \$15,000 damage to roofs, as well as felled 80 old trees. Hurricane Edna damaged \$1,500 worth of records, making it necessary to microfilm nearly 5,000 of them. Floods occurred in several buildings, and as this report is written, Hurricane Diane proved herself to be quite the worst among these natural catastrophies, with extensive damage to motors, over 5,000 case records, the Pharmacy, X-Ray, Occupational Therapy and the Dental Departments.

We are proud of the progress made in the Tuberculosis Building. Modern treatment techniques are increasing the number of patients cured in a much shorter time. Both the appearance of patients and their morale on the ward has greatly improved. We find it important that we develop a convalescent facility to hold patients recovered from tuberculosis for approximately six months before they are returned to the chronic treatment wards. In this way, relapse and breakdown can be prevented through closer supervision. We would also like to see the staffing of the T.B. unit brought up to standards recommended by the American Psychiatric Association.

Some way should be found to require all employees to have an annual chest x-ray examination. Although it is available on a voluntary basis, they do not utilize the opportunity. All patients, both new and old, do have x-rays, so that one of the weak spots in the case finding for tuberculosis is in the employee.

We are proud also of the degree of participation by the community in the hospital activities and in turn of the hospital's participation in the community. The Community Friends Group, representing nearly 500 Jewish women, have done an outstanding job of giving both service and gifts to our hospital patients. The Women's Auxiliary also through its projects has improved the appearance of units of the hospital, as well as brought pleasure to individual patients. Many organizations participate in this way. The veterans organizations and their auxiliaries

do outstanding work. The Musicians' Locals and Actors and Artists' Union have been most helpful. The American Red Cross has for the first time trained nurses' aides and Grey Ladies specifically for work in the mental hospital. The churches and colleges have been most helpful in volunteer service.

Massachusetts Institute of Technology attracted attention nationwide when it instituted a "Help Week" program for some of its fraternity members. Another first this year was the organization amongst friends and relatives of patients, with the help of Archbishop Richard Cushing, of the Boston State Hospital League. This group is dedicated to service on behalf of the patients. The first project will consist in the solicitation of funds to erect an out-door recreational facility for patients. The hospital presently is quite without in-door or out-door recreational facilities. Another first was the creation of a Vocational Rehabilitation Counsellor that will serve the Boston State Hospital and the Boston Psychopathic Hospital in the Department of Education of the Commonwealth. Through a grant from Vocational Rehabilitation from the Federal Government this service demonstrated as so useful by the Pilot Study in Rehabilitation will now be available to our patients.

The Trustees desire to record their confidence in the Officers, Staff and Employees of the Hospital, who are working diligently, in our opinion, to improve the care and management of the patients entrusted to them. Their faithful service is much appreciated.

Respectfully submitted,

Mr. Eli M. Levatinsky, Chr.

Mr. Wilfred Scott

Mrs. Margaret M. Hurley, Sec.

Mr. Myer Israel

Dr. Francis M. Rackemann

Mr. Harry Schlesinger

Mrs. Cecelia F. Logan

REPORT OF THE SUPERINTENDENT

To the Board of Trustees of the Boston State Hospital:

The following is a report of the activities of the hospital for the fiscal year that ended June 30th, 1955. This report covering the 115th year of operation marks the beginning of the tenth year under the present administration. We are proud of the achievements and gains that have been made but distressed at the deficiencies that are most apparent in basic care on chronic wards. We wish we could raise the standards of care up to the expectation of the public. One of the most significant trends that has developed in the past several years is the fact that there has been no increase in the resident population of the hospital. This has been achieved in the face of a rising admission rate and a static death rate, without increase in the number of patients transferred to other institutions. It is the direct result, we are convinced, of an improved climate for therapy and the more intensive application of newer treatment techniques. At the time of admission, new patients are exposed to intensive and extensive treatment. Patients on the chronic service are screened into treatment units and brought into active therapy once again if they show any promise of improvement.

Improvement in Basic Care

The inspection made by the American Psychiatric Association on behalf of the Joint Commission on Accreditation of Hospitals revealed a marked degree of overcrowding at the Boston State Hospital. Their figure showed, for the total hospital, 51.9 per cent overcrowding. This was 42 per cent on the female service

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and 66 per cent on the male service. Some help with this problem will be obtained, with the opening next year of the three hundred bed Medical and Surgical Building now under construction on the grounds. There will still be overcrowding on the male service. Overcrowding and understaffing are the chief factors that stand in the way of better basic care for patients. The A.P.A. called attention to the fact that we are approximately 40 per cent short of the necessary staff to properly care for our patients. It is axiomatic that a patient should never be left alone when he has an acute mental illness or when acutely disturbed. Yet in our best staffed building, the 200 bed receiving unit, where we should have two employees on a ward at all times so that a patient would never be left alone when an attendant takes a patient to a clinic or to treatment^{to} for the laundry, there are only eighty employees. Calculation will show that with a 40-hour work week and time off, it would be necessary to increase this staff to 120 to provide two employees per ward at all times. Many buildings on the chronic service have times when wards are uncovered, or the attendant is at one end of a group of 50 to 100 patients strung out over a considerable distance. We are distressed that the clothing of our patients and habit training is below what we would consider a good standard. This has resulted from the concentration of employees on treatment units where the payoff in terms of patient improvement and recovery is the greatest. We would improve too the appearance of wards, particularly the dayhalls and lobbies of buildings and sleeping quarters of patients. This requires expansion of equipment funds available to us.

Improvement in Supervision

It would appear that today, more than ever before, quality supervision is the key to good performance by employees on their jobs. This is true also at the professional level where trained supervisors on the medical staff, on the social work staff, on the occupational therapy, nursing and psychological staffs are essential. The rewards, in money and prestige, to government employees are often not sufficient to keep the best trained personnel in the service. Other States are outbidding us for the best supervisory people. Because we are a training center, we expect to have students leave after a year or so on the staff, but to do our best work and provide quality training, we need to keep our top level supervisory staff as teachers.

Improvement in Treatment

One of the most hopeful areas for improvement in the treatment of mental illness is that of research. The hospital is devoting great energy to research activities in the areas of group work, psychotherapy, studies of the aging, rehabilitation, and in cooperative research studies such as the one with the Massachusetts General Hospital in the study of alcoholism. We have had several research conferences to formulate a plan for a long-range attack on our problems. Out of these research studies, largely clinical, we are evolving more effective treatment techniques. Staff education, too, is most important. Seminars, lectures, discussion groups, the use of films and many other devices are employed in order that all employees and the staff will be familiar with new treatment techniques and

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objectives. The Institute of Psychiatric Treatment, sponsored by Dr. Leo Alexander, director of the Neuro-Biological Research Unit, attracted 65 doctors from all over the country to this refresher course to learn the latest in somatic and psycho-therapeutic treatment.

There is a necessity to evaluate the progress made. Studies are underway to measure the efficacy of our efforts in treatment of Multiple Sclerosis, in Group Therapy, in the utilization of the newer drug treatments, as well as the application of physical methods, such as electric shock and insulin treatment over the years. We are interested in the new drugs, "Thorazine" and the extracts of Rawolfia, and are carrying out extensive research evaluation during this year and the coming year.

Needs

1. Personnel

- (1) Basic to good patient care is an adequate staff in order that we may utilize the facilities we have to the maximum benefit of our patients. In first priority is the need to adequately staff the new 300 bed Medical and Surgical Building. The A.P.A. staffing standard should serve as the guide to the proper number of employees. This calls for 213 employees.
- (2) We would recommend that a step be taken toward staffing other parts of the hospital by the American Psychiatric standard. This year's step should be twenty-five per cent toward the goal set. This would require 79 additional employees.

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- (3) Additions to the maintenance force should be made as recommended by a recent survey of the Department of Mental Health. This would add approximately 15 new positions and would assist greatly in building maintenance.

2. Food Service

One of the results of overcrowding has been the congestion in the feeding centers, worse in the East Cafeteria serving over 1000 patients, but also present in the West Kitchen. Both were built when the hospital had far fewer feeders and before centralization of all food preparation in one kitchen. Increase in the seating space and renovation of the East Cafeteria to improve efficiency is essential as well as the erection of a new service building in the West Group with new kitchens, located on the site of the condemned C Building. This would free the present West Kitchen and cafeteria building to become the Occupational Therapy and Industrial Building, so sorely needed since the razing of the D and the Industrial Building.

3. Renovations to maintain the physical plant.

Modernization of plumbing and the provision of treatment facilities in our buildings is important. A survey made by the Department of Mental Health of the plumbing needs in the institution reveals much still to be done. The chapel building is woefully inadequate to our needs, but as it is the only hall of any size the hospital has, it should be renovated. Soon a Recreation Building that would seat a thousand patients should be built so more patients could enjoy entertainments, dances and movies. Attendance presently must be limited to four hundred of

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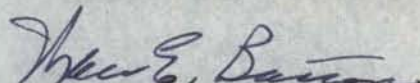
our 3000 patients. The renovation of the East Cafeteria will encroach on the recreational and O.T. space. New and larger areas should be built for occupational therapy as this form of treatment is important in management of the chronic patient.

4. Adequate maintenance funds

Essential to good patient treatment is an adequate budget to supply the essentials of food, clothing and shelter. Each year a modest increase in appropriation should be made in order that we may bring the standards of patient care up to the level of public expectation. This coming year, in particular, expansion of medical and operating budgets will be necessary in view of the anticipated opening of a new three hundred bed unit.

We are grateful to the Trustees for their support and guidance, to the Department of Mental Health for their vision, encouragement, and constant support, and to the Legislature, the Governor and Council for their interest in the problems of the mentally ill.

Respectfully submitted,


Walter E. Barton, M.D.
Superintendent

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ANNUAL REPORT
STATISTICAL DEPARTMENT

June 30, 1955

MOVEMENT OF POPULATION

The resident census of the hospital on June 30, 1955 was as follows: 1277 men, 1727 women, a total of 3004: as compared with 1287 men, and 1747 women a year ago.

There were admitted during the year 812 men and 815 women; a total of 1627 new patients. There were discharged to the community 435 men and 310 women; a total of 745. There were 47 men and 16 women transferred to other institutions. 1266 patients were placed on visit in the community during the year. There were 387 deaths during the year, 175 men and 212 women.

There were remaining on the books of the hospital on June 30, 1955, 3608 patients of which number 3004 were in residence and 604 patients were on visit or otherwise absent.

<u>ADMISSIONS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
New admissions during year	812	815	1627
Admissions from visit	275	550	825
Admissions from absence	1526	2740	4266
Admissions from Escape	122	124	246
Admissions from AWA	212	111	323
Admissions from family care	<u>0</u>	<u>23</u>	<u>23</u>
Total admissions for year	2947	4363	7310

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<u>DISMISSALS</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
Dismissed on visit	428	838	1266
Dismissed on absence	1529	2723	4252
On Escape	130	128	258
On AWA	213	113	326
Died	175	212	387
Discharged Outright	435	310	745
Transferred to other hospitals	47	16	63
Placed in family care	<u>0</u>	<u>43</u>	<u>43</u>
Total Dismissals for year	2957	4383	7340
DISCHARGED FROM VISIT, ESCAPE AND AWA	183	243	426
<u>SUMMARY AS OF JUNE 30, 1955</u>	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
In residence	1277	1727	3004
On visit	172	330	502
On absence	0	1	1
On escape	14	8	22
On AWA	14	7	21
In family care	<u>0</u>	<u>58</u>	<u>58</u>
Total on books	1477	2131	3608

There is some indication that the admission rate which is still increasing, may be leveling off. For the three years 1950, 1951, and 1952 admissions ranged between 1415 and 1424. In 1953 there was an increase of more than 100 to 1536, and in 1954 an increase of 69 to 1605. This year's admissions represent 22 more than last year. The number of patients in residence in the

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hospital is decreasing: 1953 - 3087, 1954 - 3034, 1955 - 3004. How can we explain decreasing hospital population in the face of an increasing admission rate?

Discharges during the past five years have shown a steady increase from 598 to 745--each year there has been a few more than the last. Trial visits in the past five years have increased steadily from 1138 to 1266. Deaths during the past year have not shown any significant shift. The range has been from 338 to 387, with high rates in 1952, 381 and in 1955, 387. There were fewer transfers this year to other hospitals than there were last year--63 as compared with 110.

COMPARATIVE TABLE AT 5 YEAR INTERVALS

<u>YEAR</u>	<u>PTS ON BOOKS(male-female)</u>			<u>PTS IN HOSP.(male-female)</u>			<u>ADMISSIONS(male-female)</u>		
1955	3608	1477	2131	3004	1277	1727	1627	812	815
1950	3547	1510	2037	3002	1300	1702	1425	692	733
1945	3032	1316	1716	2708	1187	1521	1150	527	623
1940	2648	1226	1522	2372	1070	1302	1165	614	551

VOLUNTARY PATIENTS (SECTION 86)

During the past year there were 83 men and 83 women, a total of 166 patients (about 10%), who either came to us for voluntary care or elected to stay here for voluntary care after their observation period had expired. Last year 97 were so admitted, 63 were placed on voluntary status after having been admitted under ten day observation.

Five years ago there were only 13 men and 13 women, who came under this category.

These figures show that the community today is better enlightened and more confident in the help that our hospital offers to those who have emotional problems to solve.

Voluntary patients may remain for weeks or even months. These patients are discharged whenever they feel they are ready to resume their responsibilities in the community.

Veterans in residence

There were 179 veterans of military service in residence in the hospital. In addition, 78 others were on the books absent, on escape, visit, or otherwise absent. 33 were acute admissions; 43 resided in the B Building and were elderly; 24 were on the Medical Service, and the remainder on the male wards. Only 16 were on open wards. There was only one female veteran.

Survey of admissions to B Building

In a calendar year there were 372 admissions. Of these 19 were found to be without psychosis; 14 had acute brain

syndromes; 213 were chronic brain syndromes (127 cerebral arteriosclerosis, 51 senile); psychotic disorders 125; psycho-neurotic disorders 1. Of the original group approximately one-third remained at the end of the year--134. 238 left the hospital; 103 went on trial visit; 82 died; 19 were discharged as without psychosis; 7 left against advice; 3 were discharged to courts; 24 discharged to other hospitals.

RECORD OF ESCAPES
A COMPARISON WITH LAST YEAR
1954 -- 1955

	Escapes and A.W.A. <u>1954</u>	<u>Escapes</u>	<u>Returns from Escape</u>	<u>A.W.A.</u>	<u>Returned from A.W.A.</u>
July	84	30	24	49	53
August	83	39	35	26	26
September	50	25	30	27	29
October	53	20	19	24	29
November	40	13	16	31	24
December	58	15	18	19	17
January	39	12	13	14	21
February	49	17	15	10	8
March	38	17	6	9	16
April	67	17	12	22	24
May	50	21	31	44	38
June	<u>84</u>	<u>33</u>	<u>25</u>	<u>41</u>	<u>38</u>
<u>Totals</u>	695	259	244	316	323

ANNUAL REPORT OF THE BRIGGS CLINIC

July 1, 1954 to June 30, 1955

General

The Briggs Clinic serves the community of Dorchester, West Roxbury and Roslindale, providing intensive treatment for patients with emotional and psychological disorders. There is an increasing demand from the community for more help. The Clinic is unable to meet those demands because of the limitations of space and staff. Evening clinic hours on Wednesday have been provided. Second year residents all participate in the medical work of the clinic. An outstanding gain for smooth functioning of the clinic took place on May 31st when the four temporary positions on the clinic staff were finally made permanent.

Therapy

As in the past, our major approaches in helping our patients have been individual and group therapy. A Staff review of all cases in treatment during the fiscal year 1953-1954, was conducted last summer. In part, this helped clarify the typical aspects of certain kinds of treatment problems so that all staff members could apply this information to their own cases. In part, it helped crystallize the nature of certain difficult problems, especially those of Character Disorders. In part, this review served as an introduction to typical out-patient problems in psychiatry for the second-year physicians from the hospital. Group therapy

was expanded last year so that we had five groups functioning plus a special sixth group of a marital couple who were seen as a unit. Both approaches seemed to provide the patients with sufficient gains so that we ought to continue to expand this part of the program.

Education, Supervision and Training

The Director conducted a course on Ego-Psychology, for the clinic staff and some of the hospital physicians, through the Fall and early Winter of this past year. This was meant to clarify some of the concepts we use in daily treatment of patients.

We made a gain this year in increasing and diversifying our supervision. We succeeded in obtaining the services of Dr. Veronica B. Tisza, Head of the Department of Child Psychiatry at Boston Floating Hospital. She supervised all members of the staff and hospital physicians who had either an adolescent or the mother of an adolescent in treatment. This was the first year that we were able to treat adolescents, who are always particularly difficult, in a planned fashion; thus we were able to terminate some of them at the end of the year when we felt they had made gains according to our plans. This is in distinction to the losses of adolescents from therapy in the past.

An attempt was made to increase and refine the training of the second year physicians from the hospital. In addition to their orientation course last summer, and their attending the staff review of all cases in treatment, the caseload of

each resident was diversified. Each physician also had an opportunity to present each of his patients to the staff both at the beginning and the end of the year. Last year too, over half of the doctors took on therapy groups so that they could help more patients and at the same time learn of the advantages and problems of out-patient group therapy. This same program, in essence, will be repeated this year with one addition: each of the second year men will be encouraged to do research on some special interest of his, in the out-patient clinic. This should deepen their acquaintance with the problems of neurosis and with the difficulties of treating ambulatory psychotics.

13 physicians from the staff of the Boston State Hospital carried cases in the clinic. 3 student social workers assisted the staff during their period of field training. Supervision of the physicians and social work students was a major responsibility of the clinic staff.

STATISTICS

For Fiscal Year July 1, 1954 to June 30, 1955

Requests for Intake.....	327
New Admissions.....	124
ReAdmissions.....	44
<u>Total Admissions.....</u>	<u>168</u>
<u>Cases Accepted by the Clinic.....</u>	<u>127</u>

In addition to the Briggs Clinic, the hospital also conducts a follow-up service for patients on trial visit.

Total Out-Patient Vists

	<u>1955</u>	<u>1954</u>	<u>1953</u>
O. P. D. Visits	1755	1467	1548
Briggs Clinic	<u>3937</u>	<u>3652</u>	<u>4177</u>
<u>Total Visits</u>	<u>5692</u>	<u>5119</u>	<u>5725</u>

<u>Disposition of Cases Not Accepted.....</u>	<u>41</u>
Refused Treatment.....	18
Evaluation Only.....	10
Referred Elsewhere.....	5
Recommended Hospitalization...	1
Ineligible:	
Excessive Income.....	3
In Treatment Elsewhere.....	2
Out of District.....	1
Over Age Limit.....	1
<u>Terminated by Clinic.....</u>	<u>52</u>
Condition Improved.....	43
Condition Unimproved.....	3
Referred Elsewhere.....	4
Admitted to B.P.H.....	1
Unable to contact.....	1
<u>Terminated by Patient.....</u>	<u>81</u>
Refused Treatment.....	41
Condition Improved.....	15
Condition Unimproved.....	19
In Treatment Elsewhere.....	3
Entered Military Service.....	2
To Enter Analysis.....	1
<u>Total Cases Under Treatment.....</u>	<u>127</u>

Treatment Hours

Intake.....161
 Treatment Interviews.....2835
 Group Hours.....859 (Sessions 203)
 Psychological Test Hours...82
Total Treatment Hours.....3937

Psychological Testing

Total Number of Patients Tested.....56
Total Number of Tests Given.....133

E.S.T.

Total Number of Patients Receiving E.S.T.....3
Total Number of Treatments.....17

Activities of the Director

Supervision, Group Clinic Staff.....217
 Supervision, Clinic Staff, Individual.....422
 Supervision and Discussion Group Therapy.....41
 Cases Presented at Briggs Clinic By B.S.H. Physicians.....33
 Residents At B.S.H.....44
 Diagnostic Interviews.....196
 Administrative Meetings.....12
 Meetings with other Agencies.....9
 Orientation Seminars for new therapists at Briggs Clinic..14

Total Received in Fees.....\$1643.75

PROFESSIONAL CARE DIVISION

John M. Mackenzie, MD. Assistant Superintendent

and

Assistant Medical Director

The Professional Care Division operates under medical direction to insure that primary importance is given to patient care and treatment by those administrative sections that offer technical assistance. The inclusion of some departments here - like occupational therapy - is due to their complicated supply problems that require greater administrative assistance. The division includes the following departments: Personnel, Medical Records, Pharmacy, X-Ray, Laboratory, Physical Therapy, Occupational Therapy, Volunteer Services and the Medical Library.

Personnel Department

The problems of the personnel department in a hospital as large as this one are similar to those in industry. There are nearly 1,000 workers in the institution (permanent quota 776, excess quota 128, and approximately 100 students at all times). In our opinion the work of this department is far beyond the scope of our present sole personnel clerk. We believe that an institution as large as ours should have a trained, professional personnel manager.

The Personnel Director is conceived of as a professional individual designed to recruit the best available personnel, to train them for their jobs, to promote practices that will

keep employees satisfied in their work, to make recommendations for improvement of working conditions, facilities and the like, to secure the maximum in help, both physical and emotional from the job situation and the employee situation, to promote training for leadership, to assist in the orderly process of evaluation of employee work. These are steps far beyond the capacity of only a clerical force. A personnel director, professionally trained, might also perform the following important functions:

1. Counselling employees. The handling of grievances, whether real or imagined, personnel scheduling difficulties, problems of supervision, problems of violation of the employee rules, problems of alleged patient assault for investigation and the problems of conferences between an employee and an employee counsellor.
2. Conducting and arranging for in-service training courses to improve the effectiveness of employees in all services in addition to the general orientation course.
3. The consolidation in a single department of the problems concerning the employment of Civil Service, and those of the Industrial Accident and sick leave, now handled by the Treasurer's Office.
4. Development of program of employee recreation.
5. Taking up measures of employee morale.

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6. Conduct studies into the cause of absenteeism and to insure proper control through development of safeguarding procedures.
 7. Conferences to develop communication with middle management groups, particularly section chiefs who are frequently caught in a squeeze between essential action and policy.

On June 30, 1954, in the permanent quota of 776, there were 13 vacancies. In the excess quota of 128, there were 4 vacancies. 12 of the 17 total vacancies were on the ward service where there was actually a waiting list for people desiring jobs.

Employees' Honor Day

The ninth annual observance of Employees' Honor Day was held in the Reception Auditorium May 4, 1955. 66 employees received five year service pins; 13 were honored for 10 years of service; 9 completed 15 years of service; 3 employees received 20 year service pins, and 3 were honored for a service of 25 years. The Board of Trustees sponsors the ceremony. The principal speaker was the Honorable Sumner G. Whittier, Lieutenant Governor of the Commonwealth. A social hour with dancing followed the presentation ceremony.

Medical Records

During the year there were 1627 new patients admitted to the hospital. Perhaps the most important work of the Medical Records Office in Reception Building is making up the records on the new admissions. Original information is obtained from the patients' commitment papers and doctors' admission records. When the patients' records are opened, they are sent to the proper Records Offices (B Bldg., H Bldg., Rec. Bldg.) and subsequent material is added. All commitment papers on new admissions and papers covering changes in patients' legal status are copied in the Medical Records Office and copies sent to the Department of Mental Health. Admission letters to relatives, orientation letters to patients, as well as locator file cards are made out on each admission. With the increasing number of new admissions, there is a corresponding increase in work on patients' records and changes in legal status. It is obvious that the records must be opened promptly, and every effort is made to accomplish this so that available information will be accessible to the physicians in charge of treating the patients.

Pharmacy

This department has operated in an efficient manner throughout the year. The pharmacist receives requisitions for drugs and supplies which he sends to wards in a locked drug box. He also inspects drug cabinets and drug records in the various hospital buildings' ward treatment rooms. The hospital

formulary was revised during the year by Pharmacy Committee. Drugs listed in the formulary were available at all times.

X-Ray Department

This department operates on a 6 day basis. There are two qualified technicians. One registered technician in charge. There was no shut down because of illness or vacations. However, the former head technician resigned last July, and the department operated with one technician for 3 months.

Three years has passed and we are still waiting for some provision for 2 weeks radiation leave, as stated under L.O. 12 in the rules and regulations governing leaves authorized by sections 7 of divisions of general laws. We still do not understand why this approval is still being denied.

Total patients examined in X-Ray Department	<u>1954-1955</u>
(includes dental- 56)	3773

Types of plates taken:

Chest	2751
Extremities	487
Pelvis	35
Hips	123
Ribs	36
Shoulders	62
Nose	44
Facial Bones	36
Sinuses	10
Skulls	145

25

Mandibles	28
Spines	199
G. I. Series	59
Barium Enema	33
Gallbladders	7
Metastatic Series	14
IV Pyelogram	35
Retrograde Pyelogram	5
Cholangiogram	1
Nip Nailing	2
Abdomen	94
Mastoid	1
Sternum	3
Sinuses tract injection	3
Clavicle & Scapula	5
Portable Chest X-Ray	3
Total Number of Films	6860
(includes Dental)	121
Consultant Visits --- Number of Visits --- Number of films read	
Dr. Hermanson	122 2524
Dr. Wassersug	43 704

Our consultant, Dr. Hermanson was permitted to come an extra day for fluoroscopy, therefore, we have no back log of G. I. Series.

In addition to the above statistical table, the hospital-wide mobile chest survey is still being done, and all new employees and patients are done during the year.

In comparison to previous years there has been an increase in special types of X-Ray examinations such as hip nailing, gallbladders, cholangiograms, retrograde and intravenous pyelogram.

We are looking forward to working in the new Medical and Surgical Building, with better facilities.

Physical Medicine Department

A specialist in Physical Medicine, Dr. Louis Feldman, supervises the one technician on duty.

A total of 122 patients received 5013 treatments.

Summary:

No. of individual patients	120
No. of different diagnosis treated	49
*Total no. of diagnosis treated	112
Total no. of Rx given	5013
No. of employees	2

*Types of diagnoses treated:

Fractures.....	22
Amputation.....	1
Arthritic.....	3
Bursitis.....	3
Insulin Shock Patients.....	13
Ulcer-necrotic, etc.....	9
Strains and Sprains.....	6
Catatonia.....	19

Contractures.....8
Miscellaneous.....28

The department started in a small way a program with the patients from the Insulin shock unit in the Reception Building and with the addition of another 2 technicians to the department it is strongly felt that much can be done to aid in the rehabilitation of these patients. We also feel the same about groups of our catatonic patients. Physical Medicine has a very definite place in the rehabilitation of catatonic patients.

Dr. Louis Feldman held 49 clinics in Physical Medicine during the year seeing 193 patients.

As requested, Mrs. Swallow again volunteered to carry on with the Orthopedic Clinics.

Dr. Richard Bragdon held 13 clinics seeing 144 patients.

Mrs. Swallow also assisted in applying 14 tractions to patients with hip and femur fractures.

Mrs. Swallow also covered the EKG and BMR service when that technician was ill and on vacation.

The department was closed down as usual for Mrs. Swallow's vacation and for 1 week when she supervised the Chest X-Ray Survey. During that 5 day period 2392 patients and 283 employees were X-rayed for a total of 2675 Chest X-rays.

As has been stated many times before, more Physical Therapists are needed for the proper functioning of the department. We certainly realized that more can be done for the patients, but with one technician our scope is limited.

LABORATORY

During the past year the work of the Pathological Laboratory was carried on by the pathologist with the help of five technicians. With an increasing amount of routine and research work there is need of more technicians. Extensive study of the blood in patients treated with thorazine and serpasil is required and the work on Aging required many hundreds of brain sections which were prepared by the technicians of this laboratory. The latter interest will be expanded next year.

The project on Multiple Sclerosis has been about one-half completed with the assistance of Dr. Galina Rakoczy. Application has been made for the continuation of the grant for the second part of this work: The treatment of multiple sclerosis patients with blood transfusions, the donors being selected on the basis of the test developed here.

Causes of Death - 1955

Number of deaths.....385 387
Number of autopsies.....112
Percentage of autopsies.....30% 29
There were 173 males and 212 females.

Age Groups:

20 - 29.....1
30 - 39.....3
40 - 49.....16
50 - 59.....32
60 - 69.....86

70 - 79.....127
80 - 89.....105
90 - 98.....15
385

Cerebral arteriosclerosis and broncho-pneumonia.....50
Cerebral arteriosclerosis and cerebral thrombosis.....12
Cerebral arteriosclerosis and arteriosclerotic heart disease...19
Cerebral arteriosclerosis and hypertensive heart disease.....3
Cerebral arteriosclerosis and cachexia.....1
Myocardial infarction and coronary sclerosis, general art-scl...10
Cerebral arteriosclerosis and left pulmonary thrombosis
and adenomatous goiter.....1
Cerebral arteriosclerosis and lobar pneumonia.....1
Cerebral arteriosclerosis and subdural hematoma.....2
Cerebral arteriosclerosis and hyperthyroidism.....1
Cerebral arteriosclerosis and lung abscess.....1
Massive cerebral infarction, thrombosis of rt. cerebral artery..1
Surgical shock, perforated duodenal ulcer.....1
Shock, post-operative hemorrhage, prostatic hypertrophy.....1

General arteriosclerosis and Bacillary dysentery, Flexner type.13
Bronchoectasies and bronchopneumonia.....;.....3

Arteriosclerotic heart disease, coronary sclerosis,
polycystic kidney and bronchopneumonia.....1
Arteriosclerotic heart disease.....15
Arteriosclerotic heart disease and bronchopneumonia.....73
Coronary thrombosis.....21
Acute coronary occlusion following EST.....1

General arteriosclerosis and acute parotitis,general debility..	1
General arteriosclerosis and bilateral pulmonary thrombosis....	1
General arteriosclerosis and massive pulmonary hemorrhage, etiology unknown.....	1
General arteriosclerosis and arteriosclerotic heart disease, cerebral arteriosclerosis, abdominal obstruction.....	1
General arteriosclerosis, arteriosclerotic heart disease and mesenteric thrombosis.....	1
General arteriosclerosis and coronary sclerosis and alcoholism.	1
Senile atrophy of brain and bronchopneumonia.....	7
Senile atrophy and malnutrition.....	1
Senile atrophy of brain and adhesive pericarditis, bronchopneumonia and emphysema.....	1

Fractures

Left femur.....	5
Right femur.....	9
Left tibia and fibula.....	1
Bilateral mandibular.....	1
Transverse process, 3rd lumbar and aspiration pneumonia.....	1
Total.....	17

Carcinomas

Breast.....	5
Stomach.....	4
Prostate.....	2
Pancreas.....	2
Bladder.....	2
Sigmoid.....	2

Rectum.....	1
Vulva.....	1
Lung.....	2
Liver.....	1
Kidney.....	1
Carcinomatosis.....	1
Malignant lymphoma.....	<u>1</u>
Total.....	25
 Pulmonary tuberculosis.....	7
Pulmonary tuberculosis and coronary thrombosis.....	1
Pulmonary tuberculosis and lobar pneumonia.....	1
Pulmonary tuberculosis and cerebral arteriosclerosis.....	1
Pulmonary tuberculosis and hypertension.....	1
Pulmonary tuberculosis and adhesive pericarditis and peripheral circular collapse.....	1
 Tubercular peritonitis and tuberculoma of the liver.....	1
Pulmonary tuberculosis and epidermoid carcinoma of tongue and epilepsy.....	1
 Diabetes and coronary sclerosis.....	1
Diabetes and rt. hemiplegia and bronchopneumonia.....	1
Diabetes and cerebral arteriosclerosis, cerebral thrombosis and bronchopneumonia.....	2
Diabetes, arteriosclerotic heart disease and bronchopneumonia.....	2
Diabetes, coronary sclerosis and cerebral thrombosis.....	2
 Uremia and nephritis.....	1
Uremia and hydronephrosis and calculi.....	2
Uremia, nephrosclerosis, pyelonephritis, bronchopneumonia.....	1

Rheumatic heart disease and rheumatic fever.....	2
Rheumatic heart disease and epilepsy.....	1
Rheumatic heart disease and pulmonary emboli.....	1
General paralysis.....	4
Acute myocardial insufficiency and obesity.....	1
Pulmonary infarction, rt. lung, cerebral and general arteriosclerosis.....	1
Chronic pyelonephritis and general arteriosclerosis.....	1
Acute pyelonephritis.....	1
Bilateral pulmonary emboli, thrombosis of rt. femoral vein, nephrosclerosis.....	1
Coronary occlusion, coronary sclerosis.....	1
Terminal bronchopneumonia, extreme state of cachexia.....	1
Atrophy of spinal cord, mid-thoracic region and bronchopneumonia.....	1
General peritonitis, perirenal abscess, left kidney.....	1
Chronic cholecystitis, mitral stenosis, and bronchopneumonia..	1
Chronic alcoholism, malnutrition, bronchopneumonia.....	1
Chronic alcoholism, cachexia, peripheral neuropathy.....	1
Status epilepticus, cerebral hemorrhage.....	1
Status epilepticus and adhesive pericarditis, portal cirrhosis.....	1
Essential hypertension and myocardial infarction.....	6
Essential hypertension, cerebral hemorrhage.....	7
Hypertension, hypertensive cardio-vascular heart disease and bronchopneumonia.....	12
Hypertensive heart disease, congestive heart failure, chronic cholecystitis.....	1
Hypertension, acute pulmonary edema, nephrectomy.....	1

Hypertensive heart disease and multiple, cerebral infarcts....	2
Hypertensive heart disease and thrombosis of rt. pulmonary artery.....	1
Malnutrition due to self induced starvation.....	1
Suicide by hanging.....	2
Suicide - thermal burns.....	1
Torsion, infarction in the ileum peritonitis.....	1
Massive gastro-intestinal hemorrhage, duodenal ulcer.....	1
Bleeding duodenal ulcer.....	1
Gastric ulcer, gastro-intestinal hemorrhage.....	1
Portal cirrhosis of liver, alcoholism.....	1
Hypertrophic prostate and bronchopneumonia and acute urinary retention.....	1
Hypertrophic prostate and hydronephrosis and pyelonephritis...	1
Acute internal obstruction and epigastric hernia, megacolon...	1
Manic depressive psychosis and bronchopneumonia.....	1
Paranoid condition and bronchopneumonia.....	1
Meningo-vascular lues, aortic calcinosis, coronary sclerosis..	1

Laboratory Tests Performed

	<u>1955</u>	<u>1954</u>	<u>1953</u>
Hematology	12,201	10,081	----
Blood Chemistry	3,108	2,499	2,104
Histology	4,185	2,304	1,528
Bacteriology	37	99	182
Other Tests	<u>3,184</u>	<u>-----</u>	<u>-----</u>
Total Tests Performed	22,715	14,983	3,814

E.E.G.

INSERT TABLE

E. E. G. LABORATORY

Basal Metabolism Tests.....	36	(total)
Electroencephalographic Tests.....	117	(total)
Electrocardiographic Tests.....	314	(total)

OCCUPATIONAL THERAPY REPORT

The Occupational Therapy Department kept its positions filled for most of the year. Five of its staff members worked actively in the Pilot Study Research Project in Rehabilitation. Changes made during the year included reorganization of the H Building O. T. clinic, the development of a new ward recreation program in the I Building, the removal of the D Building clinic to the Employees Club when the D Building was razed, and improvement in the follow-up of patients on industrial assignment.

The geriatric service has been good this year in respect to help given patients. Few patients treated in these groups are referred by the attending physician; rather, the patients treated are individuals the therapists themselves seek out or patients whom attendants request O. T. for.

The A, B and East Insulin units receive occupational therapy in individual groups. The Reception Insulin Group attends O. T. with patients from other wards; they have a music listening period each week in addition and the A-Insulin unit has music twice a week. Of the insulin units, the Occupational Therapy for the A-group is best coordinated in the total treatment plan; this is probably due to the interest taken by the nurse in charge.

The O. T. Service to the Medical and Surgical wards was started in September. We were fortunate in having the help of a senior physician who understood and wanted Occupational Therapy;

with his supervision it was possible to place an Assistant Occupational Therapist with previous hospital experience in this unit. Since the Nursing Supervisor wanted O. T. for the patients, cooperation was good, thus the implementation of this service was readily accomplished.

Recreational activities were started in I 3 and I 4 wards and were much appreciated. The East recreation service supplied good treatment to a most regressed and overactive group of patients. Recreation was also provided in the A Building for regressed patients on two wards.

There have been no additions to the East Service this year except for the N-I project, carried on, during the school year, by the students from the Boston School of Occupational Therapy. We feel the Occupational Therapy program has become well integrated into the service, since no marked changes took place due to there being three different senior psychiatrists in charge of the service during the year. With stabilization of O. T. has come better assignment of patients to O. T. and more appreciation of our service.

Music Therapy - Training

The Music Program has continued in much the same manner as last year, including glee club, three listening and discussion groups, singing groups in the A-Insulin, B-2 and B-4 wards; 13 patients have received individual lessons in voice, piano or trumpet. In October, the singing group in O-Building was dropped and the orchestra started.

Throughout the year, the Occupational Therapy Personnel has held a weekly evening dance for all patients in the Reception Building; an afternoon dance on alternate Fridays for A and I Building patients. Monthly parties were held for patients working in the East Side industries; for 30 regressed female patients; 80 geriatric patients and 80 patients from the medical ward. These parties provided socializing opportunities, an incentive to dress up, and the need for accepting responsibility of leadership in activities and for serving refreshments. We would like to see some type of socializing opportunities provided for the West Side Industrial workers, and to include patients from the Alphabet Service at the Bingo games held once a month in the L-Clinic. So far, any plan attempted to add these activities has fallen through.

The Christmas time bus trips into the community were well received again this year. Of the summer outings in July, August and September, 1954 the Charles River boat trips went over best.

The small gardens of various O. T. groups have provided a worthwhile enterprise where used. We are beginning to handle this project better in respect to benefit derived by the patients through recognition of the fact that this activity seems to be most valuable to the patient unable to express aggressive feelings. We recognize that gardening could be used more extensively; things standing in our way are facilities; the fact that all personnel cannot be expected to be enthusiastic for the activity and implementation of the activity within the existing program.

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Female geriatric	87
Male "	36
Medical & Surgical	<u>119</u>
	1,297

Patients in Recreation:

411 patients - total treatment hours:	17,442 <u>patients</u>
East Recreation(by referral)	75
A-Recreation	80
I-Recreation(by referral)	31
I-Recreation(2 months)	<u>225</u>
	411

Patients participating in Music Activities:

319 patients - total patient hours:	7,580
O-Building Ward Group (3 mos)	30 per session
B-Building " "	120 " "
A-Insulin Unit	49
Glee Club	30 weekly
Orchestra (7 mos.)	10 weekly
Listening Groups	30 weekly
Upper-H Activity Group	20 daily
Individual lessons(by referral)	<u>30</u>
	319

Industrial Placements by referral:

Female: 544 patients; including 313 new assignments-	212,777 hrs.
Male: 856 " " 470 " "	249,580 hrs.

This year, the only hours reported are those of the director, Mr. A. Flagler Fultz, as it is the first year students have been enrolled in the Music Therapy Department at New England Conservatory of Music. While five students were brought to the hospital for orientation and observation, they did not contribute any "Standard MOT Operations". He visited the hospital 49 times during the year. His visits averaged 6.22 hrs per visit On Duty Time; 4.21 hrs per visit Operational Time; and 35.75 hrs per visit Patient-Time.

Music Therapy Operations

Key No.	Mth Operation	Times Used	Prop. Used	Rank
1 b	Instrumental Performing	1	.008	
2 c	Goal-directed Listening to Live music	2	.016	
3 b	Informal Composing	1	.008	
4 a1	Voice: Private Lesson	24	.1875	2
4 a2	Piano: Private Lesson	18	.1406	3
4 b2	Sight-singing; Dictation	1	.008	
5 b	Soloist with Accompanist	2	.016	
5 c	Piano Duets: Four-hand	1	.008	
6 a	Solo Dancing	3	.023	
6 b	Partner Dancing	6	.047	
9	Small Groups: Informal Jam Session	4	.03	
10 c	Ensemble w. goal: Group Music Therapy Club	25	.195	1
14	Rhythm Band	17	.1328	5
15	Musical Games	17	.1328	5
16	Square and Folk Dancing	4	.03	
21 a1	Pageantry: Christmas	2	.016	
TOTAL--	16 operations	128	1.000	

VOLUNTEER SERVICES

In 1954 the Volunteer Service Department continued its progressive strides in attaining its initial objectives:

I. Procurement of Volunteer Workers:

Recruitment of volunteers through established volunteer channels, radio and television appeals, newspaper release drives and direct contacts with colleges, churches and community groups has been carried out. About 100 volunteers are now working at the hospital. The Director screened and trained them, scheduled and supervised their work.

Volunteers have been assigned to Nursing Service, Social Service Department, Administration, Library, Recreation Department, and Radio Station WBSH.

The Boston Chapter American Red Cross conducted courses for Red Cross Nurses' Aides and Gray Ladies exclusively for the Boston State Hospital. These Red Cross trained volunteers serve at the bedside on medical wards, do recreational work, also secretarial and administrative work.

During the past fiscal year, 21,204 hours have been given by the volunteers at this hospital. This represents an increase of 2,736 volunteer hours over the previous year.

II. Entertainment and Recreation:

Through direct contacts with directors of radio and television stations, with night clubs and hotels, colleges and church groups, the Magician's Union, and the American Federation of Musicians, it has been possible to provide entertainment with outstanding talent, throughout the year.

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Orchestras for dancing, concerts, minstrel shows, glee clubs, variety and musical shows, outdoor field day and carnival were brought to the hospital for patient entertainment. The floor shows from leading hotels and night clubs, or concerts by distinguished orchestras and Boston Symphony players were outstanding. Those who were privileged to attend were thrilled by the excellence of performance. Patients also went to the City as guests of the Swan Boat management, or the Boston Common. Patients were guests of the management at Norumbega Park, Framingham and two groups of patients spent a day at Nantasket Beach. A large group of patients were guests of the Allep Temple Shriners to attend the Circus at Mechanics Hall. Through arrangements made with Mr. Richard O'Connell, assistant general manager of the Boston Red Sox, the patients were privileged again this year, to attend all home games of the Boston Red Sox. They attended football games as guests of Boston College, Brandeis University and Tufts College, The American Federation of Musicians, Local #9, were more than generous during the past year, supplying the Volunteer Service Department with named orchestras (16 to 21 pieces) once a month, and a three piece orchestra for the Women's Auxiliary Spring Hat and Fashion Show.

Radio Station WBSH which opened its mikes in November of 1950 has grown tremendously since that time. During the past year students from Leland Powers School of Radio, Television and the Theatre, Cambridge School of Broadcasting, Boston University School of Communication and Public Relations and

Massachusetts Institute of Technology have been on the air from 9:00 A.M. until 9:00 P.M. The future of station WBSH offers many possibilities.

During the year 1954-1955, 26,380 attended 90 live entertainments.

The entertainment and recreation program has brought much happiness and enjoyment to the patients. It gave them an opportunity to enjoy a superior level of entertainment beyond the purse of the average individual and provided them with something they could talk about when relatives came to visit.

III. Community Contributions:

The solicitation of contributions has brought into our fold many new individuals and groups during 1954-1955, that had never assisted the Boston State Hospital in the past. Clothing, pianos, television sets, books, magazines, records for Radio Station WBSH, thousands of Christmas gifts, prizes for the Field Day and Carnival, and many other items were received.

IV. Public Education:

The invitation to the community to contribute its services and work has made the hospital an acceptable community agency worthy of its responsibility and interest. The Public Education Program has improved public relations. The press, radio and television stations were most sympathetic and expressed a greater willingness to assist in the program. The contribution of a Volunteer Program

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in a mental hospital is unique. This contact with the world outside in a normal, friendly way is most important in helping rebuild broken lives.

Volunteers Honored

Volunteers of the Boston State Hospital were honored on Thursday evening, May 10th, by officials and staff members at the Fourth Annual Honor Day exercise in the Reception Auditorium.

Dr. John Mackenzie, Assistant Superintendent, gave the welcoming address. Augustus Means, State Chairman of the Mental Health Fund, gave the principal address. Dr. Robert Matters, President of the Massachusetts Association for Mental Health, presented the 100 hour honor pins and citations. Mr. Eli M. Levatinsky represented the Board of Trustees. Forty-one volunteers received the 100 hour award pin, seven received special certificates for services from 200 to 1,500 hours, 32 individuals, civic, church and social groups received special citations awarded by the Massachusetts Association for Mental Health and 70 organizations received honorable mention.

Entertainment was provided by Joe Forry, Jean McNamara, The Ace Trio and Danny Desmond, Jack Chase of WBZ-TV, MC'd the show. For the first time since the start of the program, WBZ TV covered the Honor Day exercise and showed excerpts of the program the following day at 12:05 P. M.

Acknowledgments

Donations of clothing, pianos, radios, television sets, records for Radio Station WBSH, books, magazines, games, prizes for Field Day and Carnival, Christmas gifts, etc., to:

Community Friends of the Boston State Hospital, Octavia Club, Roslindale, Women's Auxiliary of the Boston State Hospital, Disabled Veterans Remembrance Committee, The Bay State Council, No. 584, United Commercial Travelers of America, Massachusetts Institute of Technology, King Solomon Lodge, Knights of Pythias, First Methodist Church, Somerville, First Church, Boston, Church Periodical Club of Fall River, Chatterbox Club, The Salvation Army, Old South Church, Boston, W. S. C. S. of Copley Church, Boston, Employees of the Boston Consolidated Gas Company, Boston, Women's Missionary Society, - Hyde Park Presbyterian Church, Women's Society- Pilgrim Congregational Church, Dorchester, Eliot Congregational Church- Women's Association, Auxiliary Society- Pilgrim Congregational Church, Mrs. Patrick Pryor, West Roxbury, Mount Vernon Street Church, Boston, Arlington Street Church, Boston, Student Government Association-Fisher Junior College, Student Government Association- Simmons College, Student Government Association- Chandler School for Women, Student Government Association- Emmanuel College, Hyde Park Kiwanis Club, Roslindale-West Roxbury Kiwanis Club, Ladies Aid Society-Scotch Presbyterian Church, St. Marks Episcopal Church, Dorchester, First Baptist Church, Boston, Benevolent Fraternity Fruit and Flower Mission, The Ladies Aid Society-Church of the New Jerusalem, Boston, Massachusetts Association for Mental Health, Inc., Adam's Post,

American Legion, Roslindale, T. J. Roberts Post and Auxiliary, Dorchester, Women's Missionary Society-First Presbyterian Church, M. J. Perkins Post and Auxiliary, South Boston, First Baptist Mothers Club, Malden, The Women's Association of the Brighton Congregational Church, Ladies Aid-Emmanuel Lutheran Church, Roxbury, H. F. Barrows Company, North Attleboro, Boston Police Post, American Legion Auxiliary, Alofa Melia Club, Sisterhood Temple Beth El, Business and Professional Women's Club, Emmanuel Church, Boston, Mr. Harry Chames, Newton, Greek Orthodox Cathedral, Sacred Heart Women's Club, East Boston, Eastern Jewelry Manufacturing Company, Providence, R. I., Mr. & Mrs. Henry B. Finch, West Roxbury, Friends of the Boston City Hospital, Student Government Association-Chamberlayne Junior College, Jadettes Club, Boston, New England Confectionery Company, Cambridge, West Roxbury Catholic Women's Club, St. Andrews Church Periodical Club, Wellesley, V. F. W. Auxiliary Post #940, St. Paul's Cathedral Church Group, Boston, Jewish War Veterans Ladies Auxiliary, United Spanish War Veterans' Auxiliary, Dept. of Mass., Shields Inc., Attleboro, Mass., West Roxbury Methodist Church, Women's Society-First Methodist Church, Dorchester, Business and Professional Post Ladies Auxiliary, Roxbury, Boston Metropolitan Chapter-Junior Red Cross, Constitution Auxiliary, Personnel Department-First National Bank, Boston, Church of the Holy Spirit, Mattapan, Sons of Italy, Stoneham, Theatrical Post, American Legion, Boston, Suffolk County Council American Legion Auxiliary, Suffolk County Council American Legion, United American Veterans Auxiliary, and many others.

Many thanks for entertainment, dances, baseball and football games, sightseeing trips, picnics, and ward parties to:

The American Federation of Musicians, Local #9;
St. Gregory's-Catholic Youth Organization; Mr. Richard O'Connell, assistant manager, "The Boston Red Sox"; Mr. Benny Friedman, athletic director, Brandeis University; Mr. John P. Curley, athletic director, Boston College; The Athletic Department of Tufts College; The West Roxbury Community Orchestra; Fruit and Flower Mission-Agency of Benevolent Fraternity-Unitarian Church; The Community Friends of the Boston State Hospital; Television Station WBZ, Boston; Leland Powers School of Radio, Television and The Theatre; The Cambridge School of Broadcasting; Boston University School of Communications and Public Relations; Massachusetts Institute of Technology; The Catholic Guild for the Blind; The Michael J. Perkins Unit #67 Auxiliary; T. J. Roberts Post #78 and Auxiliary; All Dorchester Unit #154, American Legion Auxiliary; Ens. J. J. O'Connell Unit #85, American Legion Auxiliary; F. G. Kane Unit #60, American Legion Auxiliary; Mattapan Unit #128, American Legion Auxiliary; Roxbury Unit #44, American Legion Auxiliary; Business and Professional Women's Guild of Trinity Church, Boston; Dorchester Memorial Chapter, United Veterans Auxiliary; Mattapan-Hyde Park Marian Visitors; St. Agatha's Marian Visitors, Milton; Milton Catholic Women's Club; Fire Commissioner and the Boston Fireman's Band; St. Joseph Church of Hyde Park, C Y O; Hyde Park Presbyterian Church, Women's Group; Beverly Lee Ann Dance School; Old South Church, Boston; Tandin Club, Auburndale; Emmanuel College;

Herbert J. Wolf Auxiliary #114, V. F. W. ; The Boston Chapter, Sweet Adelines; Phil Saltman, Phil Saltman Studios; Judy Valentine, Recording Artist; Bert Mullaney, Night Club Entertainer; Nelson Bragg, WBZ-T.V.; Jack Chase, WBZ-T. V.; Eleanor Hale, WBZ-T. V. ; The Lane Brothers (Western Music); Gerald Weinberg (popular pianist); The Hart Models; Ken Weining (popular singer); Joe Forry (pianist and vocalist- Boston's own Eddie Fisher); Danny Desmond; Theresa Venato (accordionist and vocalist); Kathleen Kingston (popular Irish Tap Dance and vocalist); Dottie Dooley (Radio, Television and Night Club Entertainer); Radio Station WMEX; Radio Station WEEI; The Magician's Union; Freddie Guerra, his orchestra and T. V. show.

VOLUNTEER SERVICE REPORT - JULY 1954-JUNE 1955

STATISTICS

MONTH 1954	NUMBER OF VOLUNTEERS	TOTAL NO. VOLUNTEER HOURS	ENTERTAINMENTS PER MONTH	TOTAL NO. PATIENTS ATTENDING ENTERTAINMENTS
JULY	82	1,390	5	2,300
AUGUST	43	1,088	2	250
SEPTEMBER	89	1,495	7	2,900
OCTOBER	111	1,715	8	2,040
NOVEMBER	129	1,920	9	2,400
DECEMBER	282	3,286	12	3,250

VOLUNTEER SERVICE REPORT (CONT'D)

MONTH 1955	NUMBER OF VOLUNTEERS	TOTAL NO. VOLUNTEER HOURS	ENTERTAINMENTS PER MONTH	TOTAL NO. PATIENTS ATTENDING ENTERTAINMENTS
JANUARY	184	2,108	7	1,540
FEBRUARY	141	1,692	6	1,500
MARCH	144	1,742	9	3,100
APRIL	139	1,532	11	3,600
MAY	106	1,060	8	2,100
JUNE	98	1,176	6	1,100
TOTALS	43 To 282	21,204 20,204	90	26,380 26,880

Medical Library

Total Circulation.....	762 Volumes
No. of volumes of periodicals bound during year....	105
New Accessions.....	55
Total No. of Bound Volumes.....	4181
No. of Personnel and Staff using Library.....	227
No. of Doctors Using Library.....	34
No. of Nurses Using Library.....	11
Others Using Library.....	182
No. of Books Lost.....	1
No. of Journals Lost.....	0

Librarian's Activities

1. Cataloguing and Classification of New Accessions.
2. Cataloguing of Reprint Collection.
3. Operation of Inter-Library Loan and Inter-Library Exchange Facilities.
4. Bibliographic and Reference Work.

This aspect of library services continues to increase with the corresponding increase in the hospital's research and teaching activities. It is becoming necessary to consider the use of a part-time, non-professional assistant who could take over clerical duties and other non-professional tasks of the librarian so that research teams and the medical staff may have prompt reference and bibliographic service.

5. Reading and abstracting periodical literature for "Medical Library News" - a bulletin put out by the librarian

containing abstracts of current literature of interest to the medical staff and other research workers and personnel.

- 6. Member of Nursing School Faculty.
- 7. Chairman, Library Committee of the Attendant-Nurse Faculty.
- 8. Secretary, Medical Library Committee.
- 9. Research Projects:

Feeling that familiarity with books only leads to staleness of thought the librarian has been engaged the past year in two active clinical research projects on group psychotherapy. One project was concerned with the group treatment of chronic psychotics and the other with the supervision and teaching of group psychotherapy to resident physicians. In both situations the librarian acted as observer and recorder for the two senior staff members directing the research. Currently the librarian is actively involved in evaluating the data of the former project and preparing this data for publication.

Research Plans for the Coming Year

There has long been a need for a comprehensive, indexed bibliography on psychoanalytic psychiatry. The librarian hopes to begin such a compilation during the coming year and to offer it for publication.

- 10. Publications:

A number of extensive surveys of the literature on specific psychiatric problems have been done during the past year by the librarian and have been accepted for publication by Dr. John Fresch, editor of the Journal of the American Psychoanalytic Association and the

Annual Survey of Psychoanalysis. They will appear in one or both of these publications sometime during the Fall or Winter.

Patient's Library- Reception Building

The librarian continues to supervise the patient's library in the Reception Building. We continue to be very fortunate in having a patient from the East Service, who has been a librarian for many years, assume the major responsibility of this library. She has circulated during the year, 822 volumes, which is very impressive considering the great lack of facilities.

The room in which the books and magazines are kept is essentially a large closet with no windows, no seating capacity and standing room for no more than two people at a time. The difficulty of getting books and magazines to patients on locked wards still remains a major problem, and is another area where a part-time non-professional assistant would be of great help.

The West patients library, formerly housed in the D Building, was removed to the Employees Club building. It has approximately 670 volumes. The East patients library is housed in the Employees Cafeteria building and has 896 volumes. Thousands of donated magazines were much appreciated by patients on all wards.

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Staff Changes and Appointments

July, 1954

The following Psychiatric Residents reported for duty July 1, 1954:

Dr. Donald T. Devine

Dr. Zenos M. Linnell

Dr. Malcolm L. Rosenblatt

Dr. James Robinson

Dr. Melvin Kayce

Dr. Louis M. Geller

Dr. George L. Walker (Tr. Faculty of Mass. Taunton)

Dr. Frank S. Wills (Tr. Faculty of Mass. Metropolitan)

Dr. Alexander P. Hyde (Tr. Faculty of Mass. Grafton)

Dr. Irving E. Chase (Public Health)

Dr. William M. Hull, Senior Physician, Resigned. (Went to Child)
(Guidance Clinic)
(Univ. of Cinn.)

Dr. John H. Porter was promoted from Psychiatric Resident to
Assistant Physician.

Dr. David Blau was promoted from Assistant Physician to
Senior Physician.

August, 1954

No changes.

September, 1954

Miss Lillian R. Goodman, Chief Hospital Supervisor, was
transferred to Metropolitan State Hospital.

October, 1954

Dr. Maurice Brosseau reported for duty as Psychiatric Resident.

Dr. David Blau, Senior Physician, went on Military Leave of Absence.

Dr. Malkah Tolpin was promoted from Psychiatric Resident to
Assistant Physician.

Dr. Joan Zilbach was promoted from Assistant Physician to Senior Physician.

November, 1954

No changes.

December, 1954

No changes.

January, 1955

No changes.

February, 1955

Dr. Wilson L. Hunt, Head Psychologist, Resigned. (Went to)
(Chillicotta, Ohio)
(V. A. Hospital)

March, 1955

Dr. Marvin B. Krims reported for duty as Psychiatric Resident.

April, 1955

Miss Carolyn Medley, Assistant Dietitian, Resigned.

Olaf Johnson was promoted from Psychologist to Head Psychologist at Briggs Clinic.

May, 1955

Dr. Gerardo Amargos, Assistant Physician, returned from Military Leave of Absence.

Mrs. Elizabeth Williams was appointed to the position of Assistant Dietitian.

June, 1955

Dr. Marvin B. Krims, Psychiatric Resident, Resigned. (Went to Judge)
(Baker Clinic)

Dr. James Robinson, Psychiatric Resident, Resigned. (Went to)
(Children's Center)

Dr. George L. Walker (Tr. Faculty of Mass. Taunton) Resigned.
(Went to)
(Children's Center)

Dr. Melvin Kayce, Psychiatric Resident, Resigned. (Went to Military)
(Service-Army)

Dr. Malcolm L. Rosenblatt, Psychiatric Resident, Resigned.
(Went to Military)
(Service-Navy)

Dr. Louis M. Geller, Psychiatric Resident, Resigned. (Went to V.A.)
(Hosp.-Boston)

Dr. Donald T. Devine, Psychiatric Resident, Resigned. (Went to Mass.)
(Memorial Psychiatric)
(Service.)

Dr. Paul E. Pheonix, Assistant Physician, went on Military Leave
of Absence. (To Army)

Dr. Harold F. Bolding, Senior Physician, went on Leave of
Absence to the Massachusetts Memorial Psychiatric Service.

Dr. Harold G. Wilson was promoted from Assistant Physician
to Senior Physician.

Dr. Zenos M. Linnell was promoted from Psychiatric Resident to
Assistant Physician.

Deaths

January, 1955- Edwina Sullivan, Senior Clerk Typist, died.

March, 1955 - Herman Kincaid, barber, died.

April, 1955 - Miss Mary C. Mungoven, housemaid, died.

Retirements

October, 1954 - Robert E. Gately, Head Cook.

October, 1954 - Thomas H. O'Neil, Painter.

November, 1954- Miss Mollie Kessleman, Dining Room Attendant.

May, 1955 - Mary E. Kennedy, Seamstress.

June, 1955 - Margaret Ryan, Housekeeper.

June, 1955 - Katherine C. Murphy, Hospital Supervisor,
Graduate Nurse.

CLINICAL MEDICINE DIVISION

James Mann, M.D., Clinical Director and
Chief of Professional Services.

The psychiatric team consists of doctors, psychiatric nurses, social workers, psychologists, and occupational therapists who bring treatment to the individual patient. Activities are coordinated under the authority of the physician, with the Clinical Director in general responsible for patient treatment.

The number of patients treated in individual and group psychotherapy declined this year although a very considerable number still were involved in this therapy.

The number of patients treated in the five separate electric-shock units now operating showed a significant increase, as did the number of patients being treated in the five insulin units. Many more patients received insulin sub-shock than heretofore. Nearly one hundred patients were being carried under Thorazine therapy, a new drug introduced during the last year here. The interest in and the use of hydrotherapy continues to decrease.

The visiting staff program has been most successful. The quality of medical care given to our patients has been very high.

PRINCIPAL TREATMENTS

A Comparative Table

Number of Patients Treated

Number of Treatments

Specialty Clinics

The visiting staff conducted regular clinics as illustrated below:

<u>CLINICS</u>	<u>NO. OF CLINICS</u>	<u>NO. OF PATIENTS</u>
Employees (weekly)	32	94
Medical (weekly)	45	335
Surgical (weekly)	47	515
Podiatry (weekly)	32	397
Skin (monthly)	21	169
Eyes (twice monthly)	17	177
Ear-Nose-Throat (monthly)	10	71
G.U.	8	30
Neurosurgery	2	7
Surgical Hand	1	2
Total -	215	Total - 1797
(1954)-	245	(1954)- 1843

DIVISION OF SURGERY - BOSTON STATE HOSPITAL

Alexander J.A.Campbell, M.D.
Surgeon-in-chief

From July 1, 1954 to June 30, 1955, the Visiting Staff of the Division of Surgery of the Boston State Hospital has performed the following operations:

SURGERY

Major Operations: 133 (Total)

General.....	76
Gynecological.....	4
Genitourinary.....	20
Orthopedic.....	14
Eye.....	7
Chest.....	9
Ear, Nose, Throat.....	1
Neurological.....	2

Minor Operations: 239 (total)

General.....	121
Gynecological.....	9
Genitourinary.....	27
Orthopedic.....	71
Eye.....	2
Chest.....	1
Ear, Nose, Throat.....	8

L.P.'s: 22 (total)

East.....	0
West Female.....	14
West Male.....	0
Reception Female.....	4
Reception Male.....	1
H Bldg.....	3

In addition to emergency consultations which are held as needed, regular Clinics have been held during the year.

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Our goal is to offer to all the patients at the Boston State Hospital a degree of care which is consistent with the norm of surgical care available in our time. Corrective surgery, providing no unusual risks are involved, not only contributes to the rehabilitation of the patients but, for example, in the case of a hernia avoids the complication of a strangulated hernia with intestinal obstruction. Toward the fulfillment of our goal we look forward to the establishment of a new Surgical unit and improved facilities for pre and post-operative care. However, a new building and more equipment in themselves will not accomplish our objective. We must have adequate personnel; for the operating and recovery rooms, the surgical wards and the Laboratory and X-ray Departments. Recently, a Tissue Review Committee was formed which is an asset to any hospital. The purpose of the Committee is to study and report the agreement or disagreement between pre and postoperative diagnoses and the report of the Pathologist in the tissues removed at operation. This will aid us in our goal to give the patients the best of professional care.

Report of Chief of Medicine

Hyman Morrison, M.D.

June 30, 1955 marks the nine years of progressively good medical care of our large hospital population under the integrated visiting and resident staffs. As in former years our mentally ill patients presented the many varied physical ailments similar to that of any community of 3000, bearing in mind, however, our large proportion of aged people. Happily this past year no disease took on epidemic form, although the resident staff was prepared to cope with dysentery and infectious hepatitis.

There were 387 deaths through the year with pneumonia, cerebral and cardiovascular arteriosclerotic diseases and neoplasm as the chief causes. There were 112 post-mortem examinations, 30 percent, far too few, calling for greater effort in obtaining permission. There were 963 cases of electro-shock therapy; unfortunately, there was one fatality in an extremely depressed suicidal person, in whom post-mortem examination showed coronary disease.

There were weekly medical ward rounds and clinics; 335 patients were seen in the clinics sent for consultation. Both on the same morning hurry one or the other. It would lead to better service if it could be so arranged that the major part of the morning be devoted on alternate weeks to one, with only the urgent cases for the other.

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Furthermore, better service would result if the visiting men would meet the resident physicians. As it works out now we do not see them at all at the clinics and not enough on the wards with loss of discussion through personal consultation. Frequently the referring physician will state that laboratory and other procedures have been ordered and there is no follow-up. Records on the wards should receive more attention from both the resident and visiting physicians. Better control of our diabetic patients and others requiring dietetic treatment could be attained by a circulating supervising nurse; she could also help the residents by doing intravenous therapy under supervision.

Enclosed are statements from Drs. Wassersug and McCarthy reporting excellent progress in their respective sub-departments. A change in the personnel in our department came with the appointment of a visiting physician, Dr. David J. Oppenheim.

It is expected, of course, that with the completion of the new hospital wards there will be more adequate cooperation; a larger resident medical staff will be necessary; clinical under-graduate teaching may be attracted and clinical research both by resident and visiting staffs will be encouraged. Under such broadened conditions it can be visualized that the Boston State Hospital can be developed as the consulting center for problem cases in internal medicine and surgery of all the State mental hospitals, much like the New England

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Medical Center in its relation to its allied rural hospitals.

More and more the visiting physicians are impressed by the unusually devoted humane service given by the nursing and volunteer staffs and by the social service and occupational and recreational therapy staffs. It is a privilege to take part in the program that has raised the Boston State Hospital to leadership.

Tuberculosis Building

In July 1954, shortly after Dr. Blair Hunt left, I initiated the policy of making complete ward rounds once a month in Building G. This has given us an opportunity for over-all survey and has been helpful in providing patients with closer care. Ward rounds have been continued, therefore, on the last Friday of each month.

We have been engaged in consultations on various patients and employees 807 times during the past year as compared to 685 times the year before and 796 times during the previous year which, up to that time, had been a peak figure. We had anticipated, in our previous report, that the number of consultations required of us would decline thanks to the advent of isoniazid, but the increased figure from 685 to 807 seems to be a reflection of the greater amount of interest by the staff as a whole in the tuberculosis service. When you consider that these 807 consultations were completed even though one morning each month was devoted to rounds, this would give us an average of over 20 consultations for each visit to the hospital.

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Our pneumothorax and pneumoperitoneum service has been taken over completely by Dr. William P. Parker, our full-time resident physician. I contributed only one pneumothorax refill and one pneumoperitoneum induction, the remainder having been performed by Dr. Parker who, during the year, had nine patients under collapse therapy. All of these collapse therapy procedures were done uneventfully except in one case (Eugene Stancato) who died suddenly on 8-21-54 following a pneumoperitoneum refill. In spite of heroic measures, the patient expired on the treatment table, probably as a result of air embolism.

The past year has seen intensive efforts on the part of the Division of Mental Hygiene to consolidate their tuberculosis treatment program to four central areas of which Boston State Hospital is one. We have, therefore, received patients from Danvers, Metropolitan State Hospital and Fernald State School. In spite of the added work load, the number of patients in the G building is less than in previous years.

You may be interested in some statistics pertaining to admissions and discharges which were kindly supplied to me by Dr. Parker. The following table provides the essential data:

"G" BUILDING ANNUAL REPORTJuly 1, 1954-June 30, 1955.

<u>From or To</u>	<u>Admission</u>	<u>Discharge</u>
BSH Wards	38	48
Other State Hospitals	16	12
Sanatoria	6	4
General Hospital	11	1
BSH Admission Examination	9	13 Died 2 Disch. 1 Escape 1 AA-
Total	80	82
Patients treated for entire year		35
Patients Adm. and Disch. in year		36
Patients treated who had previously been in G Building (reactivation)		30
Total patients handled		161

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Further, statistically, (thanks to Dr. Parker) in our G Building at the present time there are four male patients to each female. Of the 38 patients admitted to the G Building from other wards at the Boston State Hospital, 22 represented reactivated cases or possible reactivations. This is not an exceptionally high incidence since some of the patients discharged were on violent wards where continued care of their condition was impossible.

We had 13 deaths in G building during the year, 7 of which were due to causes other than tuberculosis, 2 patients died of tuberculosis within two weeks having been admitted in extremely poor condition, 3 others died ultimately of their tuberculosis and 1 air embolism as mentioned above.

It was our experience almost from the first that isoniazid should be the treatment of choice supplanting streptomycin and PAS. This experience is being confirmed by the medical literature reporting the combined experiences of the Veterans Administration Hospitals and the publications of individual investigators. We have, therefore, been encouraged by these reports and have continued to use isoniazid as our mainstay of treatment.

The acquisition this past year of a fluoroscope for the G Building has filled a need which has been present all these years. It has only recently been put into operation but it should expedite and facilitate the care of our patients. Our only significant needs now are for a small

isolation unit where pulmonary suspects may be kept pending investigation of their status. It has been felt unwise to place potential suspects who may prove to be tuberculous in with patients in an open, active ward. Furthermore, we believe, too, that a more intense program of surveying hospital personnel should be instituted. This point has been brought to greater emphasis recently by the discovery of tuberculosis in an employee (barber) who was found to have advanced active tuberculosis and had no x-rays over a four-year period. It would be well for the patients in the G Building if the occupational therapy program could be strengthened in their behalf. Similarly, greater efforts should be made for more adequate application of psychotherapeutic techniques, too, on tuberculosis patients who might benefit.

I would be amiss, too, if I did not comment on the fine cooperation we have received from Thoracic Surgical Service. Practically every known surgical procedure that is regarded as being effective in tuberculosis has been performed by them for us during the past year.

Bronchoscopy was performed in three cases. Major thoracic surgery was performed in five. An additional sixteen patients were recommended for operation but permission was refused by relatives.

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Through the efforts of Dr. Parker, facilities were made available for shock therapy in the G Building and he has carried out this procedure on 5 patients. After Thorazine became available, patients who were disturbed were given this medication with good success. Furthermore, Dr. Parker has established a follow-up file, which was badly needed, on all known patients and pulmonary suspects. 250 names so far are on this roster, so that patients who once had tuberculosis or who once were suspected of having tuberculosis will not be lost from sight.

Dermatology

The past year showed an increase in the number of patients and visits, partly due to the bi-monthly clinics, beginning in October 1954, and a better follow-up system of individual cases requiring closer supervision and continuity of treatment.

Together with Dr. Philip L. McCarthy, a volunteer worker in the department, a lecture on psychosomatic dermatology was given last fall. We hope to repeat this type of lecture in the future.

Enclosed is a resume of the type of skin lesions seen during the past year.

No. of patients - 100No. of visits - 180Diagnoses

Acne	1	Nevus - vascular (chest)	1
Acne vulgaris	4	Neurotic excoriations	7
Acne miliaria	1	Neurodermatitis Circumscripta	1
Callus with fissure, left heel	1	Ocular pemphigus	1
Carcinoma - tongue	1	Pyoderma	4
Epidermoid carcinoma	1	Pyoderma factitia	1
Dermatitis, atopic	1	Psoriasis	13
Contact dermatitis	8	Pruritus	3
Ecematoid dermatitis	4	Pigmented naevi	2
Factitia dermatitis	2	Pityriasis rosea	2
Seborrheal dermatitis	8	Scabies	4
Sensitivity dermatitis	1	Scleroderma	1
Drug eruption	3	Sycosis	1
Folliculitis	1	Tinea versicolor	3
Intertrigo	3	Urticaria	1
Intertrigo labialis	1	VonRecklinghausen's disease (neuro-fibromatosis)	1
Hemangioma - tongue	1	Varicose eczema	1
Hyperidrosis	1	Xanthelesma palpebrarum	1
Dilantin gingivitis	1		
Ichthyosis	2		
Leukoplakia	1		
Lupus erythematosus	1		
Mycosis fungoides	2		
Myxedema	2		
Dyshidrosis	1		

Diarrhea Epidemic

The wards affected were the female wards, B-2 and B-4. No positive cultures were obtained on the few cases that occurred on the male wards; on December 3, 1954, there were 18 diarrhea cases on B-4. From February 14th to March 29th, 52 patients were sick with Bacillary diarrhea on wards B-2, B-4, and B-6. Twenty-two had positive cultures. Fourteen patients were sent to the Medical Service. None died of diarrhea in the B Building.

The ward wide treatment, using sulfasuxidine, that seemed to have helped in previous epidemics, was tried in December and again in February. It did not seem to work this time, possibly because it was not given as conscientiously as before. The disease seemed to have taken its course, with or without specific treatment.

PSYCHOLOGY DEPARTMENT

The Director of this Department, with the title of Head Psychologist, serves on the research payroll. There is also a Head Psychologist at the Briggs Clinic, 2 Psychologists on the staff, plus students.

Wilson Hunt who started his clinical psychological training at this hospital as a student in 1947 and stayed on to work as psychometrist, then psychologist here and, later, at Briggs Clinic, obtained his Ph.D. degree from Boston University and in February left Mass. State Service for a better paying position with the Veterans' Administration in Ohio.

Olof Johnson rejoined the psychology department having resigned from the Rehabilitation Research Unit. In April he moved into the Briggs Clinic position.

Because of delays occasioned by compliance with Civil Service regulations we have been short one psychologist since April when Mr. Johnson vacated his place.

A research position for a psychologist was obtained by converting an unused slot for a research biochemist into one for a research psychologist. Miss Charlotte Fox occupied this position briefly and was replaced by Robert Blanchard in January, 1955.

PSYCHOLOGY DEPARTMENT

ANNUAL REPORT - JULY 1, 1954 to JUNE 30, 1955

PSYCHOLOGICAL TESTING

Wechsler Bellevue.....	242
Rorschach.....	270
Draw-a-person.....	148
Bender Gestalt.....	135
Sentence Completion.....	125
Wechsler Memory.....	64
Thematic Apperception.....	91
Goldstein Scheerer.....	5
Stanford Binet.....	2
Word Association.....	80
Proverbs.....	5
Aphasia.....	2

Total number of tests administered..1169

Total number of patients tested..... 385

OTHER ACTIVITIES

Individual Therapy.....	447 hours
Group Therapy.....	179 hours
Research.....	1486 hours
Teaching.....	241 hours
Administration.....	85 hours

SOCIAL SERVICE DEPARTMENT

The year we have just finished has again been a year of many changes in the Social Service Department. Between July 1, 1954 and June 30, 1955 we have added six new people to the department and lost three. On the over-all picture the department finished the year 1955 with the most highly trained staff in its history. Of the fifteen members of the Social Service Staff thirteen have their Master's Degree and four are members of the American Association of Psychiatric Social Workers. The over-all picture shows the staff to have sufficient experience so that several members will be eligible for student supervision as of September 1955.

The focus of the department during the last year has been aimed at improving the quality of our work while still maintaining sufficient production.

One of the major needs of the Social Service Department is to supply a constant source of good supervision by qualified supervisors. Such individuals are not provided by the present classification.

Family Care.

The Family Care program continues to expand. At the end of June we had 58 patients in Family Care as compared with 45 in Family Care at the end of last year. We could have more patients in Family Care except for a shortage in personnel. If we continue to expand our program without

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adding more social workers to supervise homes and patients this will lead to a particularly custodial set up which will tend to defeat the therapeutic aspects of Family Care and which will also lead to a stagnant program. If Family Care is to operate successfully, it will be necessary to focus on the therapeutic aspect and by that it is meant using the homes as a means of helping patients back to the community rather than as a means of simply getting them out of the hospital. On the custodial basis it is simply a question of time until all of the homes are filled and the only way you can make future Family Care placements is to find new homes. Obviously, you can only do this for so long. Our present program calls for bringing into action a much more therapeutic program than we have had in the past. Mr. Daniel Wolf has been made supervisor of the Family Care program. At the end of the year he was working on plans to get the Family Care mothers into the hospital on a regular basis to see if they can be stimulated into taking a more positive attitude in helping patients leave the home rather than just remain there on an indefinite basis. They are reluctant to move patients out because this then means a period of transition between getting a new patient and having the patient adjust to the home. It will be part of Mr. Wolf's plan to use the meetings with Family Care mothers to see if he can build up some emphasis on rehabilitation of Family Care patients.

Last year there was an increase in Family Care payments from \$14.00 to \$21.00. The \$21.00 rate, however, is to be used for selected patients who present more problems in management than the average Family Care patient. This has posed a problem since many of the State Hospitals have made no attempt to set up a classification of management or care problems among Family Care patients and paid the flat rate of \$21.00 for each and every patient in Family Care. Our hospital has consistently maintained a division in types of care even though we have met with a fair share of protest from many of our Family Care mothers who are aware that other hospitals are paying the flat rate of \$21.00. We have recently run into a situation where some homes have decided that they would just as soon not take the \$21.00 patients because the extra care and management involved was not sufficiently covered by an additional \$7.00. It is the opinion of social workers involved in Family Care work that a \$21.00 rate for all patients would be the most satisfactory arrangement and paying \$21.00 we would then be in a position to make more demands upon Family Care parents to have them do more to help the patients get rehabilitated.

Nursing Homes

During the last year this department took it upon itself to push vigorously for the revision of the nursing home regulation that limited one mental patient to

each nursing home regardless of the length of time that the patient had been out of a mental hospital. The nursing home survey that this department had last year was brought to the attention of the Commissioner of Mental Health. This study showed that of 300 homes surveyed, only 7 were available to us. The end of the year finds us in a situation where the regulation has not been officially changed but where all of the departments concerned have agreed on a change allowing up to three patients in a nursing home.

Clerical Help

The end of the fiscal year still finds us with one secretary for 13 social workers. In order for a department of this size to function efficiently it is necessary to have at least two or better still three secretaries to do the work that is required.

Volunteers

Throughout the year we have had several volunteers who have come in a half day per week to do typing. This has aided us considerably and has helped with some of our clerical problems. Several of the volunteers were obtained through the Community Friends.

Transportation

The Social Service Department still only has one State car at its disposal for thirteen social workers. Transportation did not seem to be the problem this year that it was last, primarily because most of the social workers in the department have their own car and no

longer bother with the State car. This system works a hardship on social workers because they are not adequately reimbursed for using their own cars. A mileage payment system would do a great deal to pay workers for using their own cars.

Statistics

As of July 1, 1954 the Social Service Department began using a new statistical form which was designed to give a more accurate picture of the work that was done in Social Service. In the past much of our research has been handicapped by the fact that we do not have a statistical system designed to look closely at our work. Prior to our new statistical system it was not possible to tell how many cases any social worker was carrying at any given time. We had not been keeping a record of the number of referrals received for each worker each month. Neither did we keep a record of the types of services that we were rendering to patients. Another drawback in the old statistical method was the fact that we showed only patients being placed in community without keeping any record of those who were returned. Under our present statistical system we now maintain records of patients that we get out of the hospital and of patients whom we have helped to get out that were returned. It is hoped that the statistics we now keep will enable us to tell whether supervision of patients by social workers has helped to keep them out of the hospital. To help in clarifying the work of the department the new Social

Service statistics make it possible to see exactly how we are using our time.

A look at some of the Social Service Statistics reveals that there were 1419 patients referred to the Social Service Department plus a carry over of 374 as of the first of July 1954 plus another 131 cases transferred in making a total of approximately 1924 referrals that were handled by our department. 274 of these patients were placed in the community on Trial Visit. 45 were placed or replaced in Family Care in the community. 278 were discharged directly from the hospital making a total of 597 that the Social Service Department helped to leave the hospital. Of those placed on Trial Visit 71 were returned to the hospital and of those placed in Family Care 22 were returned.

Consultation Program

For a long time Social Service has had a great need for an experienced case work consultant who would be available to members of the department for help in community and family problems. During the last year Miss Meyer, the Director of Case Work of the Family Service Society of Greater Boston, helped this department to obtain the consultation services of Miss Beatrice Simcox, a Family Service casework supervisor, who has had over 25 years experience in the field of social work. Miss Simcox volunteered to give four hours a month on a biweekly basis after regular working hours. From November 1 through the end of May members of this department ^{met} with Miss Simcox

every other Monday night for a two hour period during which case problems were discussed. This consultation program was most successful and added greatly to the knowledge and skills of the members of our department who attended most faithfully. We owe a great debt to Miss Simcox for giving so generously of her personal time and the regular attendance of the Social Service Department at these meetings after hours speak well for their desire to learn so that they can be of better service to hospital patients and their relatives.

STATISTICAL SUMMARY OF SOCIAL WORK ACTIVITIES

I. No. Cases

A. Carried from previous year.....	4167
B. New Referrals.....	1419
C. Transferred In.....	131
Total.....	5717
D. Transferred Out.....	273
E. Closed.....	1400
Total.....	1674
F. Carried Over to Following Year..	4034

II. Types of Cases

A. Specific Service.....	1309
B. Continued Service.....	4304
C. Inactive.....	1110

III. Activity on Cases

A. Interviews: In Hospital In Community Totals

Patients	3405	876	4281
Relatives	864	212	1066
Others	333	338	671
Totals:	4602	1426	6018

E. Telephone Interviews.....	3403
C. Letters Written.....	1344
D. Home Evaluations:.....	16
	<u>New</u> <u>Re-Eval.</u>
Boarding and Nursing Home	12
Family Care	3
Total	15
E. Patients Placed:	
Trial Visit.....	274
Family Care.....	45
F. Discharged:	
Direct.....	278
From Trial Visit.....	30

IV. CONFERENCES AND MEETINGS

A. Casework Supervision: (in hours)		
	<u>Students</u>	<u>Staff</u>
a. Supervisee	375	344.....
b. Supervisor	120	432.....
B. S.S. Staff Meetings.....		554
C. Hospital Staff Meetings.....		1012

V. CONFERENCES AND CONSULTATIONS

A. Psychiatrists.....	838
B. Other Personnel.....	535
C. Other Social Agencies.....	284
D. Ward or Service Conferences.....	462
E. Others.....	89
Total.....	2208

VI. GROUP THERAPY

A. Leader.....	407
B. Recorder.....	495
C. Observer.....	100
D. Supervision.....	149
Total.....	1151

DENTAL DEPARTMENT

The dental clinic consists of three complete operating units with x-rays available at the x-ray department of the hospital.

There are two staff dentists on full time with a Dental Hygienist, Dental Assistant and a consulting staff of three oral surgeons.

Supplies and equipment have been a major problem, but I feel confident that on completion of the new surgical building that all these conditions will be corrected.

SUMMARY OF DENTAL STATISTICS

No. of Different Patients Seen.....	5120
No. of Operations Performed.....	9039
Restorations.....	909
Prosthetic Apts.....	694
Dentures Comp.....	38
Denture Repairs.....	48
Anesthesia Used.....	881
Patients sent to x-ray.....	55
No. x-rays read.....	131
Misc. Treatments.....	22
Examinations.....	1988
Sutures Place.....	289
Sutures Removed.....	274
Alveolectomies.....	21
Radicular Cyst.....	68

O. R. Cases.....	1
Consult. for F.J.....	4
Consult. Oral Cancer.....	2
Consult.....	12
Post Op. Obs.....	341
Biopsy.....	6
Dentures cleaned and marked.....	339
Periodontal Treatments.....	1941
Extractions.....	1552

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RESEARCH DIVISION

James Mann, M.D., Director of Research

The operating budget for the fiscal year was approximately \$100,000. Projects were divided into several major and several minor areas as described below. A Research Advisory Committee was active in planning protocols and all three consultants in research, Drs. Hoskins, Castle and Semrad, were helpful in planning and supervising projects.

Research activities in a teaching hospital are of vital importance. Young men in training need the stimulation that leads them to think about problems unsolved in the field of psychiatry. Professional workers are also taught how to develop a project and how to conduct investigations. The demands for research into the many unknowns in the field of psychiatry exceed the capacity of workers. We are fortunate to have a group of research personnel freed from the demands of service to patients. These individuals can pursue their investigative work without the great pressure to treat patients.

The Research Department is divided into the following divisions:

- (1) Psychotherapy Unit, sometimes called "Biochemistry of the Blood", supported by State funds; the staff consisting of a physician, a head psychologist, a research psychologist, a laboratory technician, an electro-encephalographic technician, and a senior clerk.
- (2) Neurobiological Unit consisting of a director, an administrative assistant, and a consultant psychologist. This unit operates on a volunteer basis, with some help from contributions raised by the New England Foundation for Multiple Sclerosis.

- (3) The Pilot Study in Rehabilitation and rehabilitation personnel. Under the direction of Dr. Ralph Notman, a staff of ten full-time research workers operates with a grant from the National Institute for Mental Health.
- (4) The Pathology Laboratory, under the hospital pathologist, Dr. Naomi Raskin, a staff of two workers operate under a grant from the National Institute of Neurology and Blindness.
- (5) The Nursing Service Clinical Research under Miss Alice Robinson, Director of Nursing, operated under a grant from the National Institute for Mental Health.
- (6) Clinical Research: members of the staff on their own time, operating without budget, carry on individual research projects.
- (7) Cooperative Research: Members of the visiting staff or physicians in the community, operating on their own budgets, conducting research at the hospital using available case material.

II Psychotherapy Unit

Current research interests of the State supported research unit included the following:

- 1) Arsenian, John:
 Drawings of women in involuntional years.
 Moral traits which influence recoverability from mental hospitalization.
 Analysis of letters of psychotic patients.
 Study of spontaneous communications.
 Cultural factors contributing to mental illness.
- 2) Johnson, Olof:
 - A - Research with Louis B. Snider, PhD., of Loyola University, Chicago, on a controlled word association test
 - 1) to diagnose autistic thought processes
 - 2) to measure the degree of deviancy of such responses
 - 3) to compare the associations of schizophrenics with those of the general population.
 - B - The development of scales for measuring the effectiveness of personal and social adjustment in community living.
 - C - The development of a record system for use in out-patient psychiatric clinics to provide a more detailed and objective evaluation of:
 - 1) patients in terms of personal, clinical, and social characteristics
 - 2) The nature of the treatment process of these patients, and
 - 3) The outcome of this treatment.

3) Limentani, David:

Research study of psychotic reactions following pregnancy and childbirth.

Devices used by the residents at the service of their resistance against doing group therapy.

Problems met in the course of supervising group therapy of residents organized in a group.

Sociopathic disorders and psychosis.

Regression in the treatment of psychosis.

Projected research activities under this section included

A project aimed at patient opinions re money factor in their illness.

This section may also involve itself in a project involving the clinical trial of anabolic agents in the aged patient.

We are hopeful that a grant of \$15,000. may be obtained from the Searle Company to provide nursing and psychological personnel to carry out the observations.

II. Neurobiological Unit

Continuation of studies already in progress and establishment of new areas of investigation has been the subject matter of the past year's work at the Neurobiologic Unit and Research Clinic.

Again, the Institute of Psychiatric Treatment was held at the Boston State Hospital on September 29th, 30th and October 1st, 1954, under the direction of Leo Alexander, M.D., and Robert Arnot, M.D. This year more than 80 psychiatrists from all over the United States and Canada participated, many for the second time -- a tribute to the stimulating educational value of the first Institute.

Arrangements are underway to widen the scope of the 1955 Institute and to make it of even greater value to the attending physicians. Attached is a program for 1955.

Much of our attention in the past year has been taken up with the recovery potential of patients with mental illness, especially in response to various forms of treatment. A statistical study of 201 consecutive patients confirmed the basic thesis proposed by Funkenstein and his associates that prognostic implications can be derived from the Epinephrine-Mecholyl test.

The recovery potential of the patients was shown to be positively correlated with the intensity of the autonomic responses elicited. This recovery potential is high in patients with a greatly enhanced response to Mecholyl, slightly less in patients with a moderately enhanced response, low in patients in whom one of the responses (that to epinephrine) is below par, and intermediate in those patients whose autonomic responses do not significantly differ from those of normals not under stress.

In our investigations into the value of outpatient electro-shock therapy in the psychoses, we have found that this type of treatment may be administered to certain psychotic patients either throughout the entire course of their treatment or after some improvement has been initiated during a period of inpatient treatment in a mental hospital. When maintenance therapy is administered it is always on an outpatient basis. One hundred seventy-four patients were treated in the series: 35% were treated as inpatients throughout their illness; another 42% as inpatients for about 2 weeks, subsequent treatment being given on an outpatient basis. The remaining 23% were treated as outpatients either in a general hospital or in the office throughout.

Psychotic patients suitable for outpatient treatment from the outset are those suffering from depressive states, if they are not too agitated and if they are not actively suicidal, as well as those suffering from borderline psychotic states classifiable as schizo-affective or pseudoneurotic schizophrenics. Manics will only rarely be suitable for outpatient treatment; full-blown paranoids and excited catatonics hardly ever. The advantage of outpatient treatment is that emotional support derived from the family and sometimes from work need not be withdrawn. The whole family can also be drawn into the therapeutic action more easily, and of course this form of treatment is less costly.

The director has also concerned himself with the psychiatric diagnosis and management of the great and near-great in public life, a problem that can be increasingly portentous in view of the increasingly powerful weapons at the disposal of those in control of modern states. King Ludwig II of Bavaria was chosen as an illustrative example.

The Director has also contributed two chapters to standard texts, one on alcoholism and one on multiple sclerosis. This unit was one of several selected by Smith, Kline and French to participate in the early research studies of Thorazine in this country. A research program was contemplated and a plan outlined, but unfortunately other pressures of the hospital made it impossible for the program to be carried through to conclusion by the residents who had expressed interest in working on it. However, the considerable material sent to us by the drug company was utilized by members of the staff of this hospital for clinical work in the light of other projects which in the meantime had been carried out

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elsewhere and were being reported in the literature.

In the field of multiple sclerosis research we have been able to continue our observations and treatment of a limited number of patients and to supply Dr. Neomi Raskin with the material needed to continue her studies on the anti-brain antibodies which is supported by a grant from the United States Public Health Service.

Studies in collaboration with Dr. Mark D. Altschule at McLean Hospital concerning the carbohydrate metabolism in patients with multiple sclerosis revealed abnormalities which bear further investigation at a clinical level. This has had to be put aside for the present as the cost of the material to be used is still prohibitive.

With the aid of a contribution from Mrs. Edwin S. Webster we have been able to complete the first step in any analysis of the records of the Boston State Hospital Multiple Sclerosis Research Clinic. Over 800 records have been perused. Five hundred and eighteen of these contained sufficient information and clinical observations to be used in this study, the specific aims being twofold:

1. To investigate consistencies in the course of the illness over an extended period of observation and
2. To evaluate changes in the course of the illness which may be attributed to three specific therapeutic agents.

These agents are (a) blood transfusions,
(b) ACTH and cortisone, and
(c) Adenosine-5-monophosphate.

The information collected on some 5,000 complete neurological examinations has been coded and carded and submitted for statistical analysis.

In the light of the studies done by Dr. Raskin, and using her selection of donors wherever possible we have initiated series of blood transfusions to a number of patients with multiple sclerosis who have suffered recent attacks of the illness. The results are being tabulated and evaluated and will be reported in the near future.

III. Pilot Study in Rehabilitation.

The action phase of the research begun in 1952 ^{was} ~~were~~ concluded on Dec. 31, 1955. All action personnel utilized the six months following the end of the project to record and write up the data in connection with their findings over the past years. During the coming year a reduced staff will operate under the auspices of the Harvard School of Public Health at the Boston State Hospital to prepare a monograph dealing with the findings of this important study in psychiatric rehabilitation. The study has concerned itself with a group of approximately 80 acutely ill psychiatric patients in an experimental group and a similar number in a control group. There were also two chronic wards in the experimental group, one for 40 women and another for 40 men. These also were matched with a similar number of chronic control patients. Closely related to this study is another project under a Federal grant under the auspices of the Harvard School of Public Health. Drs. Ozzie Simons and Katherine Spenser are following up patients in the Pilot Study who have gone back to the community, as well as others to discover the factors that help or hinder adjustment after patients leave the hospital. It is hoped that the next year's annual report can contain some of the findings of this important study.

IV. Laboratory:

Dr. Naomi Raskin, with the assistance of Dr. Rakoczy, is working on brain enzymes, testing immune response of multiple sclerotic patients. These histoclinical studies of proteolipids of the brains of multiple sclerosis are being made, as well as studies of the neurotropic antibodies in the serum of multiple sclerotic patients. A second project covers a comparative study of the brains of aged patients. The laboratory is studying the blood reactions of patients on Thorazine.

- V. The research on "The Role of the Psychiatric Nurse in the Public Mental Hospital" was concluded during the year and published as listed below. The study found new and important treatment functions for the nurse on the mental hospital ward.

VI. Clinical:

The many clinical projects under study are listed below:

Barton, Walter E.:

Evaluation of Psychiatric Residency Training Program of the Psy. Training Faculty.

Five Year Follow-up of patients to determine readmission rates and progress with the assistance of Dr. Limentani.

Day, Max:

Psychology - breakage and evaluation of Therapy results.
Group Therapy with schizophrenics and their mothers.
A study of manic depression.

Ehrenberg, Ruth:

Study of cerebral arteriosclerosis psychological and pathological features with Dr. Raskin.

Johnson, R. S.:

Investigation of content and format of patients' letters.
Cultural climate of open wards of chronic service.

Porter, John:

Ward Study Plan has been in progress for almost a year. The original objective of trying to get more patients out and keep them out longer does not seem to have been realized. However, it is evident that the plan is

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successful in keeping the ward quieter and under better control, (less seclusion, etc.). Personnel approve of it and feel more interested in the patients. Overall, the plan has justified itself so far.

Special Therapy (with Drs. Schell & Wilson).

Rosen, Irving M.:

The structure and function of brain as studies through its involvement in anxiety.
Modifications of Group and Individual psychotherapy to speed up treatment of both psychotic and neurotic patients.
Religion and Psychiatry.
Ward management and therapy.
Study of superego in catatonics and alcoholics.
Communication in schizophrenia.
Follow-up of manic patients in psychotherapy.
Psychological Management in conjunction with physical treatment.

Stulberg, Burton:

Work on group therapy with pilot study. Group Study manics.

Walsh, Harold W.:

Two Social Workers on male reception are engaged in learning the social service needs of newly admitted patients.

Two student theses were written during the year:

1. "A Study of Group Psychotherapy with Female Chronic Psychotic Patients at the Boston State Hospital", by Carmen Lopez, Boston University; and
2. "A Study of the patients' own Appraisal in Factors in Adolescence that Contributed to the Breakdown of Five Schizophrenics between the Ages of 18 and 22", by James J. Williamson, Boston College.

Wilson, Hal:

A paper, in process of writing, by Drs. Sadovnikoff and Wilson, re the function of post-group session discussions between group leader and observer.

Zilbabb, Joan:

Continued multiple therapy with chronic patients with Dr. Stulberg. Planning a paper.
Evaluation of various drugs - Reserpin, Thorazine, Rau-sed, with Dr. Stulberg - in early stages of development.
Continued work with out-patient group therapy.

VII. Cooperative Research:

Dr. Leopold Brodny of the visiting staff continues his interest in the field of fertility. An important paper on semen in schizophrenia is listed in the publications below.

Dr. Wassersug continues his interest in the new drug therapy as applied in psychiatric patients.

Drs. Raymond Adams and Maurice Victor of the Mass. General Hospital staff continue their studies of the role of vitamin deficiency in both acute and chronic alcoholic states.

Projects under development:

1. A request to the Ford Foundation for the financing of a new approach to the treatment of the acute psychiatric patients.
2. A request to the National Foundation for the Aging for financial help to carry out a demonstration project in the management of the senile patient that would handle the majority of the problems outside of the mental hospital.
3. A grant has been obtained from the Riker Laboratories which provides a half-time psychiatrist to study clinically new alkaloids derived from Rawolfia. This project is in cooperation with Boston University.
4. A clinical study of Serpasil derivatives, financed by the Ciba Laboratories.
5. Clinical studies of the use of Thorazine in special situations:
 - (a) destruction
 - (b) as a replacement for shock therapy
 - (c) Comparative effectiveness in chronic patients.
6. Study of Tri-iodo Thyronine in chronic schizophrenia; a study with Dr. R. G. Hoskins to restudy the effect of a more potent thyroid hormone.

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PUBLICATIONS

1. Alexander, Leo, M.D. The Commitment and Suicide of King Ludwig II of Bavaria. American Journal of Psychiatry, 111: 100-107 (Aug) 1954.
2. Alexander, Leo, M.D.
 with W. Paxton Parker Predictability of Exacerbation and Remission in Multiple Sclerosis. Trans. of the Conference on "The Status of Multiple Sclerosis", held in New York City on April 17 and 18, 1953, (Section of Biology of the New York Academy of Sciences and the National Multiple Sclerosis Society), 1954, 673-681.
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4. Alexander, Leo, M.D. An Anti-epinephrine Factor in Treatment-Resistant Schizophrenia and in Intractable Psychalgia. Society Transactions, Archives of Neurology and Psychiatry, 72: 639-641, Nov. 1954.
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 14. Brodny, M. Leopold History of Urethrography - Co-Author Samuel A. Robins, M.D., J. Newark Beth Israel Hospital, Newark, N.J. 6:142.
 15. Brodny, M. Leopold Epididymography, Varicocelegraphy and Testicular Angiography- Co-Author, Samuel A. Robins, M.D., Hyman A. Hershman, M.D., Adolph DeNuccio, M.D., - Fertility and Sterility 6:158-168.
 16. Brodny, M. Leopold Seman Dyscrasia in Schizophrenia - A.M.A. Archives of Neurology and Psychiatry, Vol. 73: 410-415 - April 1955.
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 18. Campbell, Alexander J.A. "Acute and Chronic Cholecystitis", Stephen W. Meagher, M.D., and Alexander J.A. Campbell, M.D., New England Journal of Medicine, Apr. 14, 1955.
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 22. Hess, Leo, M.D. "The Relationship of the Vegetative Nervous System of Uremia," The Journal of Nervous and Mental Disease, Vol. 120, Nos. 5 and 6, Nov.-Dec. 1954.
 23. Hess, Leo, M.D. "Cardospasm and Gastrosperm," The Journal of Nervous and Mental Disease. Vol. 120, Nos. 5 and 6, Nov.-Dec. 1954.

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Ph.D., M.D. "Hormone Therapy"- Journal of Clinical and Experimental Psychopathology & Quarterly Review of Psychiatry and Neurology, Vol.XV No. 4, December 1954.
25. Morrison, Hyman, M.D. "Doctors Afield" - New England Journal of Medicine, 251:946-948 (December 2) 1954.
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Mellow, June,
Hurteau, Phyllis
Fried, Marc A. "Research in Psychiatric Nursing". The Role of the Nurse-Therapist in a large Public Mental Hospital American Journal of Nursing. Vol. 55, April 1955 - No. 4
32. Robinson, Alice M., R.N.
Mellow, June
Hurteau, Phyllis
Fried, Marc A. "Research in Psychiatric Nursing" Nursing Therapy with Individual Patients. American Journal of Nursing, Vol. 55 - May 1955, No. 5.
33. Robinson, Alice M., R.N.
Mellow, June
Hurteau, Phyllis
Fried, Marc A. "Research in Psychiatric Nursing" Role of the Nurse-Therapist in a Large Public Mental Hospital, and Nursing Therapy with Individual Patients - American Journal of Nursing, Vol. 55, June 1955, No. 6, pp.704-707.
34. Robinson, Alice M., R.N. Book Review "Attitudes in Psychiatric Nursing Care." Nursing Outlook, Jan. 1955, Vol. 3, No. 1, Page 6.
35. Simmons, Ozzie G. "The Criollo Outlook in the Mestizo Culture of Coastal Peru." American Anthropologist, Vol. 57, No. 1, Feb. 1955.

- 36. Simmons, Ozzie G. "Popular and Modern Medicine in Mestizo Communities of Coastal Peru and Chile." Journal of American Folklore.
- 37. Stearns, A. Warren, M.D. "Concepts of Limited Responsibility".
- 38. Unterberger, Hilma and Olshansky, Simon S. "Vocational Rehabilitation and the Psychotic Patient." Journal of Rehabilitation, January-February, 1955.
- 39. Zilbach, J., M.D. and Blau, D., M.D. "The Use of Group Psychotherapy in Post Hospitalization Treatment; A Clinical Report." American Journal of Psychiatry, Vol. 111, pp 244-247, Oct. 1954.

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PAPERS PRESENTED AND LECTURES GIVEN

1. Alexander, Leo, M.D. Participant in Preliminary Conference on Morale and Communication. Sponsored by the New York Academy of Medicine and the Josiah Macy Jr. Foundation, at the Longfellow Wayside Inn, South Sudbury, Mass., Sept. 10-12, 1954.
2. Alexander, Leo, M.D. "The Emotional Problems of Childhood" Hadassah Congregation, Temple Israel, Sharon, Mass., Oct. 13, 1954.
3. Alexander, Leo, M.D. Participant in Conference on the Nature of Morale, sponsored jointly by the New York Academy of Medicine and the Josiah Macy Jr. Foundation, Arden House, Harriman, N.Y., Nov. 3-6, 1954.
4. Alexander, Leo, M.D. "Lobotomy" Social Relations Society, Harvard College, Cambridge, Mass., Dec. 1, 1954.
5. Alexander, Leo, M.D. "Physical Methods in the Treatment of Mental Illness" Community Church Center, 565 Boylston St., Boston, Mass., Dec. 6, 1954.
6. Alexander, Leo, M.D. "Multiple Sclerosis" V.A.M.S. (Veterans Association Multiple Sclerosis) Amvets Hall, 14 Elmwood St., Roxbury, Mass. Jan. 26, 1955.
7. Alexander, Leo, M.D. Clinical Seminar on Psychiatric Treatment. Group for Clinical and Research Studies, Ypsilanti State Hospital, Ypsilanti, Michigan, Feb. 11, 1955.
8. Alexander, Leo, M.D. "Indications for Various Types of Psychiatric Treatment: General Principles of Psychotherapy;" Demonstration of new electric treatment techniques with special emphasis on relaxation by succinyl choline chloride, Veterans Administration Hospital, Salisbury, N.C., March 18, 1955.
9. Alexander, Leo, M.D. "Toxic and Dietary Deficiency Diseases of the Central Nervous System". Postgraduate Seminar, Metropolitan State Hospital, Waltham, Mass., April 1, 1955.
10. Alexander, Leo, M.D. "Treatment in Private Psychiatric Practice" Staff of the Metropolitan State Hospital, Waltham, Mass., April 6, 1955.

11. Alexander, Leo, M.D. "Diseases of Basal Ganglia and Subthalamic Nuclei" Postgraduate Seminar, Metropolitan State Hospital, Waltham, Mass., April 15, 1955.
12. Alexander, Leo, M.D. "Management of Psychological Issues in Conjunction with Physical Treatment". 11th Annual Meeting of the Electroshock Research Association, Atlantic City, New Jersey, May 8, 1955. (with Irving M. Rosen).
13. Alexander, Leo, M.D. "The Therapeutic Processes in Electroshock and the Newer Drug Therapies. Psychopathological Considerations." Round Table meeting, American Psychiatric Association, Atlantic City, New Jersey, May 12, 1955.
14. Alexander, Leo, M.D. "Human Reaction to Disaster: Group Responses." 373 General Hospital, Fort Devens, Mass., June 30, 1955.
15. Arsenian, John, Ph.D. Two lectures on "Diagnostic psychologic testing" for the Department of Social Relations, Harvard University, Dec. 15 & 17.
16. Arsenian, John, Ph.D. Two lectures on psychological testing for the Mass. Training Faculty in Psychiatry, Metropolitan State Hospital, April 1955.
17. Barton, Walter E., M.D. "Psychiatric Rehabilitation". Mass. Chapter National Rehabilitation Soc., Boston, Oct. 1954.
18. Barton, Walter E., M.D. "Role of Physical Medicine in Psychiatry." Mass. Physical Therapists Association, Oct. 1954.
19. Barton, Walter E., M.D. "Role of the Dentist in Public Mental Hospitals". Mass. Hospital Dentists Assoc., Boston, October 1954.
20. Barton, Walter E., M.D. "Psychiatric Treatment". American Red Cross Aide Training, Boston, Nov. 1954.
21. Barton, Walter E., M.D. "Current Trends in Rehabilitation". Bedford, Mass., Veterans Hosp., Nov. 1954.
22. Barton, Walter E., M.D. "Rehabilitation of the Emotionally Ill". Mass. Conference of Social Workers, Boston, December 1954.
23. Barton, Walter E., M.D. "Adjunctive Therapy". Yale Seminar, Connecticut State Hospital, Middletown, Ct., Jan. 3, 1955.
24. Barton, Walter E., M.D. "Authority in State Hospital" Metropolitan State Hospital Seminar, Waltham, Mass., Feb. 10, 1955.

25. Barton, Walter E., M.D. "Current Trends in Psychiatric Rehabilitation". Menninger Foundation, Topeka, Kansas, Feb. 15, 1955.
26. Barton, Walter E., M.D. "Supervisor--Boss Relationships" Westborough State Hospital, Westborough, Mass., Supervisors Institute, Apr. 21, 1955.
27. Barton, Walter E., M.D. "Supervisor--Boss Relationships" Grafton State Hospital, Supervisors Institute, May 5, 1955.
28. Barton, Walter E., M.D. "Treatment of the Mentally Ill". Tape Recording: NBC half-hour radio program over WBZ, May 7, 1955.
29. Barton, Walter E., M.D. Video Clinic NBC TV closed circuit broadcast, New York City, May 9, 1955.
"Treatment of the Mentally Ill".
30. Barton, Walter E., M.D. "Psychiatric Residency Training". American Psychiatric Association, Atlantic City, New Jersey, May 10, 1955.
31. Barton, Walter E., M.D. Provincial Hospitals, North Battleford and Weyburn, Saskatchewan, Canada, June 5 to 11, 1955, nine talks at a teaching institute on the topics of treatment, administration, nursing, occupational therapy, and rehabilitation.
32. Barton, Walter E., M.D. "New Developments in Psychiatry as related to Corrective Therapy". National Conference of Rehabilitation Workers, Boston, June 28, 1955.
33. Brodny, M. Leopold "Testicular Angiography, Epididymography and Vesiculography" Given at Eastern Regional Meeting of the International College of Surgeons at the Chatham Bars Inn, Chatham, Mass., July 2, 1955.
34. Campbell, Alexander J.A. M.D. Discussed "Infectious Syndrome of the Liver Developing Subphrenic Space Abscess" at the Boston City Hospital following a talk with Dr. Harold Jeghers of Georgetown (12-7-54).
35. Campbell, Alexander J.A. M.D. Discussed "Polyps" following talk by Dr. Neil Swinton at meeting of the Boston Surgical Society (1-10-55).
36. Johnson, R.S., M.D. "Clinical Interpretation of Music Therapy". National Association of Music Therapy, Convention in New York, Oct. 14, 1954 - Chairman of panel.

37. Johnson, R.S., M.D. "OT-Personnel Relationships". Talk to Occupational Therapy Institute at Westboro State Hospital in January, 1955.
38. Johnson, R.S., M.D. Member of panel on Educational Values of Music, Northeastern State Music Educators Convention in Boston, in February, 1955.
39. Johnson, R.S., M.D. "Group Therapy with Chronic Psychotic Patients". Institute for Psychiatric Treatment at Boston State Hospital, September, 1954.
40. Johnson, Olof "The Role of the Psychologist in The State Hospital Service;" to Mass. Association of State Psychologists at Westboro State Hospital on April 21, 1955.
41. Mann, James, M.D. Lecturer in Psychiatry-Smith College School for Social Work - July.
42. Mann, James, M.D. Schizophrenia - Institute for Psychiatric Treatment, Boston State Hosp., Oct. 1
43. Mann, James, M.D. Group Therapy - Institute for Psychiatric Treatment, Boston State Hosp., Oct. 2
44. Mann, James, M.D. The Nature of Inter-Personal Relations, National Association for Music Therapy, New York City, Oct. 13.
45. Mann, James, M.D. Group Therapy - Wore. State Hosp., Mar. 2.
46. Mann, James, M.D. Supervisor-Patient Relationships, Supervisors Workshop, Westboro State Hosp., March 25.
47. Mann, James, M.D. Panel Discussion: The Study of Small Groups - Harvard School of Social Relations Feb. 25.
48. Mann, James, M.D. Introduction to Theory and Practice of Psychoanalytic Group Therapy, Boston Psychoanalytic Society, March 6.
49. Mann, James, M.D. Group Therapy with Parents of Atypical Children - James Jackson Putnam Childrens Center - March 9.
50. Mann, James, M.D. Discussant - Papers on Schizophrenia, American Psychoanalytic Assoc., Atlantic City, New Jersey, May 7.
51. Mann, James, M.D. Transference and Counter-transference in Psychotherapy of Psychoses, Metropolitan State Hospital - May 18.

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52. Mann, James, M.D. Misconceptions about Mental Treatment, Brockton Community Council, Brockton, Mass. May 26.
 53. Notman, Ralph, M.D. Pilot Study in Rehabilitation and Rehabilitation Personnel presented at A.P.A., in June, 1955.
 54. Notman, Ralph, M.D. "The Role of Recreation in Mental Hospital Rehabilitation Program." Springfield College - Joint address with John Antilla, Graduate Recreational Therapist, at the summer school session- July 22, 1955.
 55. Notman, Ralph, M.D. Panel presentation to Supervisors in the Boston Department of Public Welfare, May 20, 1955.
"Role of Rehabilitation Team in Relation to Community Agencies at Boston State Hosp." Participating with Dr. Notman - Sophie Glebow, Hilma Unterberger and Burchard Royce.
 56. O'Donnell, John Installation of Officers, Michael J. Perkins Post #67, Auxiliary, So. Boston, Oct. 20, '54
 57. O'Donnell, John Boston Matinee, W.E.E.I.-Boston, Sept. 7, 1954.
 58. O'Donnell, John Business and Professional Women's Guild - Trinity Church- Banquet. Boston, Nov. 3, 1954.
 59. O'Donnell, John Philomathia Club-New England Mutual Hall- Boston, December 12, 1954.
 60. O'Donnell, John Junior Women's Club, Malden, Mass. January 3, 1955.
 61. O'Donnell, John Kiwanis Key Club of Roslindale High School Roslindale, Mass.
 62. O'Donnell, John Unitarian Church, Medfield, Mass. Feb. 7, 1955
 63. O'Donnell, John Mass. Institute of Technology, Alfa Tau Omega, Cambridge, February 9th.
 64. O'Donnell, John T.J. Roberts Post Commanders Banquet Feb. 20, 1955.
 65. O'Donnell, John Methodist Church Men's Club, Hyde Park, Mass. March 14, 1955.
 66. O'Donnell, John First Methodist Church in Somerville, March 20, 1955.

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67. O'Donnell, John Nursing Supervisors Institute,
Westborough State Hospital,
Westborough, Mass., March 22, 1955
 68. O'Donnell, John Community Friends of the Boston State
Hospital, Wollaston, Mass., March 30, 1955
 69. O'Donnell, John Post High Fellowship Group, Hyde Park
Methodist Church, Hyde Park, April 3, 1955
 70. O'Donnell, John Mass. State Employees Association of the
Boston State Hospital, April 20, 1955
 71. O'Donnell, John Affiliate Student Nurses at Boston
State Hospital. April 29, 1955
 72. O'Donnell, John Administrative Psychiatry Course,
Boston State Hospital, May 2nd, 1955
 73. O'Donnell, John Nursing Supervisors Institute, Grafton
State Hospital, Grafton, Mass. May 3, 1955
 74. O'Donnell, John Ted Ashley's Question and Answer Show,
WEEI- Boston, May 12, 1955
 75. O'Donnell, John Herbert J. Wolf Auxiliary #114, V.F.W.,
Dorchester, May 18, 1955
 76. O'Donnell, John Irving Adams Post, American Legion,
Roslindale, Mass., May 25, 1955
 77. O'Donnell, John Joint Installation, T.J. Roberts Post and
Auxiliary - Dorchester - June 10, 1955
 78. O'Donnell, John United Commercial Travelers of America,
Masonic Temple, Brighton, June 12, 1955.
 79. Rosen, Irving M., M.D. To A.P.A.- Defense and Communication in
Schizophrenic Language, Atlantic City,
May 1955.
 80. Rosen, Irving, M., M.D. To American Electroshock Research Ass'n.-
Psychological Management in Conjunction
with Physical Treatment (with Alexander)
Atlantic City, May 1955.
 81. Rosen, Irving M., M.D. To State Nursing Supervisors Workshop.
Psychotherapeutic Needs of Various Patient
Types. April and May 1955 at Grafton and
Westboro State Hospital. Emergencies in
the Management of Psychiatric Patients.
 82. Rosen, Irving M., M.D. To New England Chaplain Ass'n.- Anxiety
as Symptom and Etiology - Boston Psycho-
pathic Hospital, Oct. 1954.
 83. Rosen, Irving M., M.D. To New England Jewish Chaplains - Anxiety
as Symptom and Etiology- Practical approach
to various patient types.

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84. Rosen, Irving M., M.D. To Worcester State Hospital Ministers Training Program, July 1955, Worcester. Religion as a Research Frontier for Psychiatry.
 85. Rosen, Irving M., M.D. To Boston State Hospital Seminars - Therapy through Administrative Attitudes and Techniques, May 1955. Religion as a Research Frontier for Psychiatry - March 1955. Analysis of Group Therapy Sessions - December 1954.
 86. Rosen, Irving M., M.D. Before Alexander's Treatment Institute, Psychotherapy of Manic Depressive Patients in The Manic Phase, Boston State Hospital, Oct. 1954.
 87. Rosen, Irving M., M.D. Before Natick P.T.A., "Anxiety"- April 1955- Lincoln School, Natick.

To Universalist Encampment - Religion & Psychiatry - Maine Summer 1954.
 88. Stulberg, Burton, M.D. Cerebral Palsy Group in April 1955 - open discussion patients with Doctor.
 89. Walsh, Harold "The Problem of the Defective Delinquents Released to the Community", given at the Chardon St. Home on March, 1955 by Mrs. Cunningham.
 90. Walsh, Harold "Psychiatric Social Work at Boston State Hospital", given to the Community Friends, In Dorchester, December 1954 by Mr. Vigoda.
 91. Walsh, Harold Psychiatric Social Work at Boston State Hospital", given to the Jewish Welfare Board Recreation Workers at Mitchell Air Force Field in June, 1955, by Mr. Wolf.
 92. Walsh, Harold "Employment Problems of Mental Patients" given to Metropolitan Boston Hospital Personnel Directors at the Mass. Gen. Hosp., Feb. 1955, by Mr. Walsh and Miss Unterberger.
 93. Walsh, Harold "The Role of the Psychiatric Social Worker at Boston State Hospital given to a group of Rabbis at Boston State Hospital in March, 1955, by Mr. Walsh and Mr. Golner.
 94. Walsh, Harold "Helping the Emotionally Disturbed" given to the Boston Public Welfare Temporary Home for Women, in June, 1955 by Mr. Walsh and Dr. Johnson.

95. Walsh, Harold

"Rehabilitation of the Mentally Ill",
given to the American Association of
Psychiatric Workers study groups, in
December, 1954, by Miss Fishman.

96. Raskin, Naomi, M.D.

The paper "Senescence, Senility and
Alzheimer's Disease" (with Dr. Ehrenberg)
was read at the A.P.A. meeting at
Atlantic City, May 13, 1955.

IN PRESS

1. Brodny, M. Leopold History of Urology in Egypt,
Co-Author, Prof. Dr. J. Bitschai,
In press - - monograph.
2. Johnson, R.S., M.D. Member of panel on "Clinical Interpretation
in Music Therapy" in Music Therapy, 1954.
3. Raskin, Naomi, M.D. J. Am. Psych. Assn. -
"Brain Tumors in Elderly Patients".
4. Robinson, Alice M., R.N.
and James Mann, M.D. "The Effects of Praise, Blame and Gossip
on Personnel and Patients".
Nursing Outlook, Dec. 1954.
5. Rosen, Irving M., M.D. Defense and Communication in Schizophrenic
Language (Dis. of N. Sys.).
6. Rosen, Irving M., M.D. Psychological Management in Conjunction
(with L. Alexander) with Physical Treatment (Dis. of N. Sys.).

COMMITTEES and MEETINGS

1. Brodny, M. Leopold, M.D. General Chairman - International College
of Surgeons- meeting held July 1-4,
Cape Cod, Mass.
2. Mann, James, M.D. Program Committee,
Mass. Society for Research in Psychiatry.
3. Mann, James, M.D. Committee on Group Psychotherapy
American Psychoanalytic Ass'n.
4. Mann, James, M.D. Annual Meeting, American Psychoanalytic
Assoc., May 1955, Atlantic City, N. J.
5. Mann, James, M.D. Annual Meeting, American Psychiatric Assoc.,
Atlantic City, N.J., May 1955.

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TEACHING 1954 - 1955

Student Training

In residence at one time

Total Students

Medical

10	Psychiatric Residents	10
2	Tufts Medical School	16

Nursing

55	Mercy Hospital	277
	Boston City Hospital	
	Truesdale Hospital	
	St. Luke's Hospital	
	St. Elizabeth's Hospital	
	Beverly Hospital	

Social Work

3	Boston University	6
3	Boston College	

Psychology

3	Boston University	9
1	Penn. State	
4	Harvard University	
1	University of Amsterdam	

Occupational Therapy

2	University of Illinois	29
4	Boston School of Occupational Therapy	
1	University of New Hampshire	
1	Richmond Professional Institute	
2	College of St. Catherine	

In residence at one time (Cont'd)Total StudentsDental

2	Harvard University Dental School (summer)	2
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Chaplains

10	Boston University Institute of Pastoral Care	10
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1	Student Chaplain	1
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Total		<hr/> 360
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Medical

All third year students from Tufts and Boston University Medical Schools come for weekly clinics at the hospital. Fourth year students have a one month clerkship with a planned program.

Nursing

Affiliate Nurses

During the year 1954-1955, a total of 221 student nurses enrolled for the basic course in psychiatric nursing. 4 students dropped from the course before completion (marriage or illness) making a total of 217 affiliate students who completed the course. This is a drop of 17 students, with the following practical reason; in the Fall of 1954, the Director of Nurses agreed to standardize the course to an even 12 weeks rather than 3 calendar months. Thus, during the month of January, we had no students at all.

In 1953-1954, a total of 201 of our former students took State Boards in psychiatric nursing. We had 2 failures. During 1954-1955, a total of 184 students took State Boards, and 4 failed.

Because we experienced two severe student emotional problems this year, a committee of physicians and nurses set up a policy for referral and evaluation of any such problems in the future.

During January, while there were no students in residence, the faculty revised the (1) affiliating contract, (2) school curriculum, (3) Advisory Committee Constitution and By-Laws, and (4) destroyed student records prior to 1952. In regard to the last point, pictures and essential facts were transcribed to 3 x 5 cards for permanent filing.

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Faculty changes included the resignation of Miss Phyllis Hurteau in September 1954, and the appointment of Miss Janice Pond, R.N., and Miss Florence Mess, R. N., in April, 1955.

The yearly meeting of the Affiliate School Faculty and the Directors and Educational Directors of the Home Schools was held in January, 1955.

Aide Training

A total of 77 new employees completed the two week orientation course, with Miss Mary Dunleavy, R.N., B.S., as instructor. The course was given approximately every other month.

Advanced Aide Training

A total of 26 aides completed the Advanced Aide course in June, 1955. All three shifts of employees participated. An innovation this year was Field Trips to the Metropolitan State Hospital Children's Unit. Mrs. Frances Lenehan of the Department of Mental Health was the graduation speaker.

8 volunteers completed the Boston State Hospital - Red Cross course and began work at Boston State Hospital in the H and Reception Buildings. We hope this will be a significant beginning for an expanding program. A group of Grey Ladies, (Boston State Hospital - Red Cross sponsored,) also completed a special course and have been most helpful with our patients.

Graduate Nurse and Supervisor Training

The in-service program for graduate nurses and Charge Aides continued once monthly this year, under the capable guidance of

Mrs. Joyce Keenan, M. N., B. S., of the Nursing School Faculty.

A total of 32 Supervisors, (all 3 shifts) attended a one week Supervisor's Institute held at Westborough State Hospital throughout the Spring. These were felt by those in attendance to be very helpful and interesting.

Social Work

At the start of the student year in September, 1954, this department was handicapped by lack of social workers with sufficient experience to qualify them as student supervisors. Because this was so, it was necessary to limit the number of students we could take in field work training. During the school year we had 3 students who completed their field work training at our hospital. As of June 1, 1955, the hospital had a student unit of 4 students for summer field work placement for a period of 3 months. This is a student unit in rehabilitation and was given a grant of \$1,250 from the Federal Government which covers secretarial service for the unit, plus consultation fees. The overall unit is supervised by Miss Shophie Glebow and Miss Dorothy Matthews. Two other students were also placed for the summer but are supervised by individual supervisors. As of June 1st, there were 7 members of the department who qualified as student supervisors as compared with 3 in September, 1954.

Student Theses

Theses written by students were:

1. A Study of Group Psychotherapy with Female Chronic Psychotic Patients in the Boston State Hospital," by Carmen Lopez, Boston University.

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2. A Study of the Patients' Own Appraisal of Factors in Adolescence that Contributed to the Breakdown of Five Schizophrenics between the ages of 18 and 22," by James Williamson, Boston College.

Psychology

The hospital continues to serve as a training station for graduate students in psychology from Boston University and Harvard University.

An interne on a full time basis and two on part time service from Boston University served. Also a psychologist from the Fernald State School, joined to acquaint himself with problems and techniques of psychologically testing mental patients.

There have been other students from Harvard University and the University of Amsterdam. Additionally, we have had part time associations with the Assistant to the Dean of Boston University School of Fine Arts.

Occupational Therapy

This year, there were 29 Occupational Therapy students in affiliated courses at this hospital. They came from the Boston School of Occupational Therapy, University of Illinois, University of New Hampshire, and the Richmond Professional Institute. All students rotated in the service each month in a variety of situations.

In addition to clinical experience, each group of students received four day orientation to the hospital and three weekly group conferences; two with senior psychiatrists for the purpose of discussing, (1) symptomatology, (2) dynamics. The third meeting is with the Head Occupational Therapist, held for the purpose of discussing the application of occupational therapy in the field of psychiatry.

Dental

We have a training program in the summer months from June to September of two senior students from either Tufts or Harvard Dental Schools. This year two students came from Harvard. The program consists of all phases of dentistry including working with the oral surgeon in the operating room and the pathologist.

Chaplains

The Institute of Pastoral Care sponsored a six weeks' course during the summer months. Students in training were religious leaders who had experience in a church of their own and who desired special training in understanding human behavior.

In-Service Training

All new employees participate in a one-day, seven-hour orientation program that is repeated the first Monday of every month. This permits them to meet department heads and to learn the essentials of hospital policy. It also gives them an opportunity to learn something about patient problems. All new attendants have a full two-weeks orientation course in preparation for ward duties. An advanced course of sixty hours of training is given to all attendants who have not had refresher training. A certificate is granted to those who satisfactorily complete their studies. Nursing supervisors and department heads also have a weekly conference.

Psychiatric Seminars

During the year each week the hospital presented leaders in the field of psychiatry and allied professions in order to present to the psychiatric team workers a broad program in service education, stressing the important aspects of psychiatry and its related fields of interest.

<u>1954</u>	<u>Speaker</u>	<u>Topic</u>
Sept. 15	New 16 mm. movies, "The Nation's Mental Health," and "Man to Man."	
22	16 mm. movies, "Therapy Influencing The Autonomic Nervous System," and "The Broken Appointment."	
29	"Lonely is the Night," feature length movie.	
Oct. 6	Dr. Maurice Victor, Massachusetts General Hospital	Research into the Etiology of Alcoholism
13	Dr. David J. Myerson Private Practice	The Treatment of the Alcoholic Patient
20	Dr. Richard Ford, Medical Examiner, Suffolk County; Harvard Medical School.	Legal Medicine
27	Dr. Karl D. Kasparian, Visiting Surgeon Boston State Hospital	Surgical Ward Rounds - Varicose Veins
Nov. 3	<u>No Seminar.</u> New England Society of Psychiatry, Institute of Living, Hartford, Conn. 2 P. M. Anticipatory Psychiatry for Senescence. Edward J. Stieglitz, M.D. Washington, D. C.	
10	Rev. John D. Copp, Pastoral Counseling Service, Boston University, School of Theology.	Growing Up in Samoa.

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Nov.	17	Eugenie Hanfmann, Ph.D. Brandeis University	Studies of the Russian Character Structure.
	24	Louis Feldman, M. D. Consultant in Physical Medicine.	Medical Ward Rounds. "Physical Medicine in Mental Hospital Practice.
Dec.	1	Beata Rank Director, James Jackson Putnam Children's Center	Special Problems in Psychotherapy with Children.
	8	Panel discussion: Judge John J. Connelly, Juvenile Division, Boston Municipal Court Eleanor Glueck, Ph.D. Harvard University. George Gardner, M. D. Director, Judge Baker Guidance Center.	Juvenile Delinquency.
	15	Thaddeus P. Krush, M. D. Clinical Director, Children's Unit, Metropolitan State Hospital.	The Development of Psychoses in Children.
	22	Morris Kaplan, M. D. Medical Director, Bridgewater State Hospital.	The Management of the Criminally Insane.
	29	Leo Alexander, M. D. Director, Neurobiologic Research Unit.	Research. The Recovery Potential in Mental and Nervous Diseases. (Slides.)
1955			
Jan.	5	Clemens, E. Benda, M. D. Division of Research and Child Psychiatry. Walter E. Fernald State School	The Role of the Mental Deficiencies within the Framework of Child Psychiatry.
	12	Mildred F. Brazier, Principal, Institution School. Walter E. Fernald State School	Educational Methods and Goals for Mentally Handicapped Children.
	19	Warren T. Vaughan, Jr., M. D.	The Development of Community Psychiatric Resources. (slides)

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Jan.	27	M. Leopold Brodny, M. D. Senior Visiting Surgeon, Boston State Hospital and Professor, Tufts Medical College	A Urologic Service in a Mental Hospital. (Surgical Ward Rounds)
Feb.	2	Elizabeth R. Zetzel, M. D. Psychoanalytic Private Practice; Mass. General Hospital.	The Concept of Anxiety.
Feb.	9	Benjamin Simon, M. D. Director, Ring Sanatorium	Private Mental Hospital Care.
	16	Alfred Stanton, M. D. Boston V. A. Hospital	Therapy of Paranoid- Schizophrenic Patients.
	23	Francis H. Rackemann, M. D. Senior Visiting Physician, Boston State Hospital.	Allergic Disorders, Medical Ward Rounds.
March	2	Harry Freeman, M. D. Director of Research Worcester State Hospital.	Research Interests of Worcester State Hospital.
	9	Peter A. Peffer, M. D. Manager, V. A. Hospital, Brockton, Mass.	A New Rehabilitation Tool: The Member- Employee Plan.
	16	Harry Solomon, M. D. Prof. of Psychiatry, Harvard Medical School. Director, Boston Psychopathic Hospital.	Research Interests of the Boston Psycho- pathic Hospital.
	23	William Malamud, M. D. Prof. in charge, Department of Psychiatry, Boston University Medical School.	Recent advances in Research in Schizophrenia
	30	Ralph Notman, M. D. Director, Pilot Study in Rehabilitation, Boston State Hospital.	Research in Rehabilita- tion.
April	6	Robert Mulford, General Secretary, Mass. Society for Prevention of Cruelty to Children.	The Resistive Relative.
	13	Mrs. Frances Lenehan, R. N. Nursing Supervisor, Department of Mental Health.	Progress in Psychiatric Nursing.
	20	Robert W. White, Ph.D. Psychological Clinic and Lecturer on Clinical Psychology, Harvard University.	Reflections on the Concept of Maturity in Personality

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April 27	Rt. Rev. Thomas J. Riley St. John's Seminary Brighton, Mass.	Conscience and Mental Health.
May 4	Maxwell Jones, M. D. Director Social Rehabilitation, Belmont Hospital, Sutton, Surrey, England	Progress in Psychiatric Rehabilitation.
11	No Seminar - American Psychiatric Association Annual Meeting, Atlantic City.	
18	William F. Murphy, M. D. Chief, N.P. Open Ward Section, Boston V. A. Hospital.	The Danger of Suicide.
25	William Dameshek, M. D. Director, Blood Research Laboratory, New England Center Hospital. Visiting Physician, Boston State Hospital.	Blood Diseases in a Mental Hospital. Medical Ward Rounds.
June 1	Milton Greenblatt, M. D. Director of Research, Boston Psychopathic Hospital.	The Place of Electro- encephalography in Mental Hospital Practice. (slides.)
8	Grete L. Bibring, M. D. Head, Department of Psychiatry, Beth Israel Hospital.	Short Term Psychotherapy.
15	Richard A. Bragdon, M. D. Visiting Surgeon, Boston State Hospital.	Bone and Joint Problems in Mental Hospital Practice. Surgical Ward Rounds.

HONORS AND APPOINTMENTS

Walter E. Barton, M. D., appointed Associate Professor of Psychiatry, of the Boston University School of Medicine, Department of Psychiatry. Appointed to the Joint Commission on Mental Health and Illness.

James Mann, M. D., elected to membership Sigma Xi, national honorary scientific society. Appointed Visiting Professor and Acting Director, Department of Psychiatry, Hebrew University-Hadassah Medical School, Jerusalem, Israel - for academic year 1955-1956.

John M. Mackenzie, M. D., appointed Assistant Professor, Tufts Medical School, Department of Psychiatry.

Robert S. Johnson, M. D., appointed Instructor in Clinical Psychiatry, Tufts Medical School, and also leader of Seminar in Group Dynamics, Boston School of Occupational Therapy.

Alice M. Robinson, R. N., appointed Instructor in Interpersonal Relations in Nursing at Boston College School of Nursing.

Irving M. Rosen, M. D., appointed to the Board of Governors of the Institute of Pastoral Care, Inc., and on the Research Committee. Also Consultant in Psychiatry, Lemuel Shattuck Hospital, and on Courtesy Staffs of Framingham Union Hospital and Bournewood Hospital.

Alexander J. A. Campbell, M. D., appointed Clinical Professor of Surgery, Tufts Medical School and Surgeon in Chief, First Surgical Service, Boston City Hospital. Dr. Campbell is Chief Surgeon at Boston State Hospital.

Mr. Harold W. Walsh elected to the Executive Committee of the United Community Services of Greater Boston and Vice-Chairman of the State Association of Social Workers.

Other Members of the Social Service Department have been appointed field work instructors on the faculty of Boston University - Harold Walsh, Sophie Glebow, Jacquelllyn West, Joseph Golner, Sarra Kilstein. Field work instructors for Boston College - Helen Roth and Elizabeth Eckhoff.

NURSING DIVISION

Alice M. Robinson, R.N., M. S.

Director of the Nursing Service

I PERSONNEL

A. Key Position Changes:

There were no significant key personnel changes in the Nursing Service and Education Departments this year.

B. Total Turnover of Nursing Service Personnel for 1954-55:

Nursing Service Appointments (includes 17 R.N.'s)	<u>1953-54</u> 179	<u>1954-55</u> 162
Nursing Service Terminations (includes 20 R.N.'s 8 discharges 2 deaths)	176	144

These figures indicate a rather significant drop in the rate of turnover of personnel - particularly since there were 32 less terminations. The figures would be even lower were the Northeastern University cooperative students subtracted. 6 Northeastern University cooperative students resign and are rehired every 10 weeks.

The R.N. turnover remains relatively level, and, again, this fiscal year, we have had only two or three vacancies existing in the R.N. staff at any one time. Prospects for the Fall of 1955 are exceptionally good as regards R.N. applicants.

C. As of July 2, 1955, the following vacancies exist:

- 2 Hospital Supervisors, Attendant Nurses
- 3 Head Nurses
- 7 Attendant Nurses
- 2 Hospital Supervisors, Graduate Nurses
- 1 Chief Hospital Supervisor, Graduate Nurse

II SIGNIFICANT EVENTS

A Building - The A-building continues to run well. The staff is the most stable (in terms of turnover) in the hospital. Insulin sub-coma continues, and a thorazine project (not yet evaluated) started to cut down on destruction.

B Building - Patient-care in B-building continues its high standard. Deep Insulin and Electric Shock Treatment units for special treatment. An epidemic of diarrhea, virus and flu raised the usual serious problems in Feb. and March, but personnel did well.

H Building - The H-building has been extremely busy as usual, with no major problems. The O.R. crew did a total of 373 operations this year; 134 majors and 239 minors.

I Building - Mrs. Regan, R.N., resigned as Supervisor, and this Spring Miss Nancy Murray, R.N. was appointed her successor. Window breakage continues to be an unsurmountable problem, even with the new security type. The addition of more R.N.'s to the Staff has made for considerable improvement in patient-care.

G Building - This staff also continues stable. Patient-care remains good, and more and more active treatment has been initiated.

Reception Building - An active treatment program, well-filled staff and more interest in patients on the part of personnel. Destruction is a formidable problem. A series of suicides in March resulted in the transfer of 8 employees. In September, Reception EST Unit began feeding patients a light breakfast following treatment.

East Service - More treatment programs and more nurses have improved patient-care. Personnel are to be commended for working under the duress of staffing shortages, particularly on the day and afternoon shifts.

Miscellaneous --- All Areas:

During the early Fall, two severe hurricanes were well met by the hospital staff. Many employees worked overtime and double shifts, and did much to keep patient morale high.

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The Mobile chest x-ray survey was very successfully completed again this year in May.

III PUBLIC RELATIONS

A. Visitors

The Nursing Service again entertained a number of visitors, including: in February and March,
4 nurses from Saskatchewan, Canada

in January
2 nurses from Israel

in October
1 nurse from Scotland

in June
1 nurse educator from Tennessee

B. Professional Activities - The Director of Nurses served as a member of the Executive Board of the United Community Services, member of the Aide Project, Committee, Mass. League of Nursing, member of the Standards Committee of the Mass. State Nurses Association, Instructor in Interpersonal Relations, Boston College School of Nursing; also served on the Inter-divisional Council of Psychiatric Nurses for the Mass. League of Nursing.

IV MAJOR PROBLEMS

The three stated last year (Industrial Accidents, Tenure Law problems, and sickness/absenteeism) continue as major problems. In addition, during this past year, the following:

1. In May - June, restricted hiring.
2. The private clothing system, which is encountering many and baffling difficulties.
3. State House hearings in which Nursing Service is unable to obtain the aid of legal counsel.

V GOALS FOR 1956

Goals for 1956 remain essentially the same:

Improved patient-care.

Improved employee morale and satisfaction.

Further contributions to the Nursing Profession

Lowered destruction rate

Maintaining an efficient system for patients' private clothing.

Inducing more nurses to engage in nurse-therapy with individual and groups of patients.

Sincere appreciation is expressed to the Superintendent of the Hospital, other Department Heads, and - especially - to my assistants and employees for their continued devotion to duty, loyalty and cooperation.

The educational activities of the Nursing Division are covered under the teaching section of this report.

THE TREASURER'S DIVISION

ELLEN B. HOUDÉ, TREASURER

During the fiscal year ending June 30, 1955, the Treasurer's Office experienced some new activities and additions to the old, as follows:

July 1, 1954

The re-opening of our Blue Cross-Blue Shield Group admitted 54 new members. 54 additional employees had payroll deductions taken for Blue Cross-Blue Shield. A Tax-Free Tobacco account for patients was added to the Canteen Account.

Patients were allowed to receive personal funds up to \$2.00 while on census.

Collections commenced on employees' salaries attached by Internal Revenue by means of levies and liens.

November, 1954

An annual collection of Mass. State Employees' Association dues was made on the November payroll. As required, a list of the employees' names was prepared to accompany the check.

From November 15, 1954 thru December 14, 1954 a Job Analysis Study of Treasurer's Office positions was made as requested by the Department of Mental Health. The recording of duties in each position was time consuming as was the summarizing tabulations.

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December I, 1954

Two additional employees were bonded.

The system for issuing Volunteer Meal Tickets was changed by the Department of Mental Health.

February I, 1955

A new account, Boston State Hospital Trust Fund, was established by the Comptroller's Bureau. This account was originally established and approved by the B.S.H. Trustees to be called the Playground Fund of the Boston State Hospital for the purpose of receiving contributions for a Playground.

The Comptroller's Bureau initiated the use of an additional form of Authorization for Payment of invoices.

It separates non-discount invoices into 3 different categories.

March, 1955

Employees' sick-leave pay periods were analyzed. In cases where non-taxable pay periods applied, a letter was issued to the employee to file with the Internal Revenue as directed by the Department of Mental Health.

April, 1955

Beginning with the month of April, a monthly collection of union dues on the payroll was initiated. A list of the employees' names is prepared to accompany the check. As of June, sixty-one employees were listed.

May, 1955

Massachusetts Department of Labor B L S Census Form requires count of 'women only' in addition to usual statistics.

June, 1955

'Number of Feeders' figure for Monthly Financial report broken down to No. of Employees Fed - Patients Fed, and Volunteer Workers fed as requested by the Department of Mental Health.

COMMENTS OF THE AUDITOR

The Annual Audit was made for the period from March 15, 1954 to December 8, 1954.

Canteen Account: It was noted that a savings bank deposit of \$2,911.25 was transferred to the Canteen Commercial account on April 23, 1954 and the savings bankbook cancelled. It was further noted that \$4,361.90 was expended during April, 1954 for the installation of a radio sound system on the East-side section of the hospital. A contract, for this purpose, was awarded to the lowest of three bidders. Proper approvals were noted for the advertising and awarding of the contract.

During the period under audit, \$393.70 was received as donations for the purchase of tax-free tobacco products for veterans, and \$78.60 was expended for this purpose during the same period. The balance is included with the canteen checking account for convenience in accordance with instructions from the Department of Mental Health. Separate accounts have, however, been set up in the canteen ledger to indicate the actual balances in each cash account.

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The canteen made a net profit of a little over \$6,000, of which about \$4,000 was spent for recreation activities. Approximately \$500 was spent for employees' recreation, most of it in connection with the Christmas party and the Honor Day celebration. Patients' ward parties, outings, decorations for dances, music, athletic equipment and supplies, television equipment are some of the items purchased out of the profits.

Multiple Sclerosis Research Fund:

Contributions to this fund from individuals and societies totalled \$5,742.99 during this audit period and expenditures consisting mainly of salaries paid to workers on this project totalled \$5,191.80.

Bonding of Employees:

As a result of a recommendation in a previous audit report regarding the bonding of certain personnel in the Treasurer's Office, it is understood that two additional employees will be properly bonded in the near future.

Meal Tickets:

Beginning December 1, 1954, in accordance with instructions from the Department of Mental Health with the approval of the Commission on Administration and Finance, new regulations controlling the issue of meal tickets to so-called "Volunteers" have been put into effect.

The numbered strip-type meal ticket which was formerly stamped "volunteer" will no longer be issued.

In place thereof a small printed card to be furnished by the Supply Room in the State House will be used.

Each institution will stamp a number on this card and will inscribe thereon the name of the "Volunteer" entitled to use it.

For control purpose, the card number and signature of person receiving it will be maintained in a register. This card will entitle the holder to meals while serving in the hospital, and must be surrendered when the services terminate.

BUSINESS ADMINISTRATION DIVISIONAvery W. Cook, Steward

Our 1955 Maintenance budget totalled \$3,902,930.59, which proved to be satisfactory in all accounts except Personnel & Heating. However, transfers from other accounts provided sufficient funds to operate smoothly in all our spending accounts.

Requests for several motor vehicles were not honored. We received only three during this year.

During the year, much time and energy was spent in setting up the individual clothing bin system in many of the wards. To operate satisfactorily, this system needs much supervision by the personnel on the wards. It is difficult to see the wisdom of continuing with this project until proper supervision is assured.

The issue of clothing continued to increase. Accurate figures are not available on the clothing supply in use, but from observation, this supply has shown a substantial increase during the past year.

I would like to recommend that a clothing committee be organized, consisting of at least two interested people in the Nursing Service and the Head Seamstress, together with the Steward and a designate of the Superintendent. It would seem that with a concerted effort, much could be done to improve the clothing standards at the hospital.

Issues of linens continue to increase. The lack of an accurate inventory at the ward level handicaps somewhat our replacement policy. Here again, if inventory level could be determined, it would help in doing away with either a "feast or a famine". Possibly, a clothing committee could be expanded to work on this problem also.

Much surplus food was received and utilized during the year. The constant use of canned beef in stews, hamburger and meat pies has been a deterrent to the favorable reception of this item. Surplus cheese, butter, rice, beans and salad oils were favorably received and were used in the dietary whenever possible.

Our problems are those of last years, i.e., need of extra personnel, re-classification of several positions and an increase in salary for certain supervisory employees.

STORES DEPARTMENT

The operation of the Stores Department is in the hands of 8 men who are responsible for nearly a million dollars worth of property. Auditors' inspection reports show the Stores Division to be operating at top efficiency. Inspection by the Department of Public Health revealed satisfactory operating conditions. Some recommendations for improvement were made. A new storehouse bridge and entrance replaced the old one which had become weakened and dangerous to heavy loads. Storehouse employees are hopeful that the responsibility of their position will be recognized and re-classified, up-grading salaries to the levels offered similar positions in the neighboring States.

GARAGE AND GROUNDS DEPARTMENT

The Department is organized into three sections -- transportation with motor equipment repair, chauffeurs and truck drivers; the Grounds Department is responsible for grounds and the Greenhouse, with 11 men and a salvage officer; and a Police Section, with 4 Police Officers and 3 Night Watchmen. 19 motor vehicles, including cars, buses, trucks and 4 tractors are in use.

	<u>1953</u>	<u>1954</u>	<u>1955</u>
Total Mileage of Cars	120,369	122,847	125,879
" Gas consumed	15,595	15,317	16,560

Vehicle Replacement

Jan. 20, 1955 - 1/2 ton panel truck - International
Replacing 1950 1/2 ton Ford panel truck - prowl car.

Jan. 27th - 3/4 ton pick-up truck - International
Replacing 1948 3/4 ton Chevrolet truck - Maintenance Dept.

Jan. 30th - 1/2 ton stake truck - International
Replacing 1947 1/2 ton Ford pick-up - Engineering Dept.

Food service on grounds averages 30 miles per day, 7 days per wk

Laundry service averages 19 miles per day - 7 days per week

Sanitation " " 20 miles " " - 7 " " "

Supply & Salvage " 30 miles " " - 5 " " "

Patients to and from" 24 miles " " - 5 " " "
clinics on grounds

Grounds

The two hurricanes of last Fall created much additional work, not only in clearing roads so that travel could be maintained but also in the later removal of damaged trees.

Another added time consuming detail was the removal of contents of the C and Industrial buildings, which have since been razed to allow for the construction of the new Medical & Surgical Bldg.

Trenches for steam line repairs were dug and refilled; also a trench for new electrical lines at Storehouse and Bakery.

A study of the cars for increased mileage, with the consequence of greater expenditure for gas and oil revealed that Social Service town trips, freight handling, building maintenance, food service, laundry service; salvage and supplies; sanitation and snow plowing; engineering and building maintenance; patient service to clinics; religious services and recreation; and morgue activities were all constant or slightly lower than the year before. The use of transportation by the Steward and Superintendent increased, but the major increase in mileage was in police protection and mail service and in grounds maintenance.

HOUSEKEEPING DEPARTMENT

During the year 1955, the Housekeeping Department, with a staff of forty-six (46) worked very hard on the general upkeep of all areas throughout the hospital.

This included the daily upkeep of corridors, stairways, walls, windows, basements, tunnels, bathrooms, O.T. shops, offices, labs., clinics and treatment rooms in eighteen (18) patient buildings. In addition, there are six (6) employees' buildings which include apartments and single rooms and six (6) homes. These require even more special attention because some apartments and rooms are cleaned daily; all must have regular linen changes, all vacated apartments must be thoroughly cleaned for new occupants and some homes have general housecleaning twice a year.

Of course, there is also the extra work that is very time consuming, too; and this year, it seems as though the demand has been greater than ever before. For each and every service, entertainment, meeting, etc. that is held in the auditorium, chapel or staff room, the Porter's services are needed for cleaning before and after, and for the placement of additional furniture, or the removal or re-arrangement of furniture and many other related duties. There have been more calls for Porter's services on the wards, in the cafeterias and by Office Personnel, etc. for the heavy work, washing walls, floors, and windows that is not included in the routine schedule. The unpredicted emergencies such as floods and the hurricane also require considerable more hours.

There were four-hundred and sixty-five (465) pairs of new curtains hung throughout the hospital during the year; sixty-eight (68) beds disassembled and distributed to Wards 5 and 6 in the Reception Building; eight (8) gatch beds for H-building, and thirty-two (32) dining room tables assembled and placed in the West Patients' Cafeteria and the G-Cafeteria. There were also new day-hall tables distributed through^{out} reception and new desks and several pieces of re-upholstered furniture distributed throughout the hospital. New chairs were placed in the admitting room, shock room and music room in the Reception building.

To help us accomplish this work, in addition to having an excellent quality of cleaning supplies, we also received a new, more efficient type of mop wringer and eight (8) linen trucks. These trucks have saved a great deal of time and steps for the Maids in the Employees' Buildings.

As for our needs, there are two things I would like to stress very emphatically. One is the re-grading of the Porters and Housekeepers. The porters are getting a salary higher than that of the Housekeepers, who supervise their work. This is very bad for the moral of those who are willing and capable of taking on the responsibility.

Secondly, if the demand for housekeeping services continues to grow as it has in the past year, we will need a much larger staff than we have now. Although we did very well, it was still impossible to grant all the legitimate requests for Maid and Porter services.

WEST INDUSTRIAL DEPARTMENT

The fiscal year has shown a slight decrease in production and services by this Department due to the necessity of moving the department to a new location on account of demolishing our building to make way for the New Medical Building now under construction.

Past experience has demonstrated the importance of industrial therapy in the rehabilitation of mental patients, and should be expanded to benefit more patients. This can only be done by increasing personnel. Our next year's budget contains an urgent request for two more industrial therapists. It is most important that this request be granted. No increase in the number of employees in this department in over twenty years -- yet, the patient-population has increased from 2,000 to more than 3,100 during this time! This increase of patients means an increase in the amount of destruction of property and services necessary for the benefit of the patients. The destruction in this type of institution is unavoidable and requires constant replacements to maintain a fair standard of equipment for the successful operation of a hospital of this nature. Only by constant effort can we hope to continue the high standard of services given to our patients.

	<u>1953</u>	<u>1954</u>	<u>1955</u>
New mattresses made	851	1,059	1,977
New window shades	612	446	377
new pillows made	689	473	437
<u>total pieces</u> new work done		4,290	4,307
repair work		7,019	5,691½

SEWING ROOM

The department operates with 9 employees; one being in charge with more than 40 patients who work in this pleasant, attractive industrial center. About 6 patients operate power sewing machines as employees do; 2 patients do the marking and stamping of clothing, and some 40 work at mending and at rug making, bootee making and other utilization of scrap material. An industrial therapist tailor does the cutting for this department and handles material with a minimum of waste.

	<u>1953</u>	<u>1954</u>	<u>1955</u>
Mended	80,821	60,088	42,337
Marked	118,087	69,198	95,622
Production	28,596	25,920	15,417
<u>totals</u>	<u>227,504</u>	<u>155,206</u>	<u>153,376</u>

The number of strong dresses manufactured was 1,200 less than last year; only 1,343. All other items manufactured declined from the figures of last year. For example; 420 prs. of drapes were made for wards; 310 aprons; 928 bathrobes, 1,835 booties; 562 dish towels; 3,434 bath towels, etc.

LAUNDRY

The laundry and dry cleaning unit working on a seven-day week schedule, with a personnel of twenty-five employees and seventy patients, processed 3,410,606 articles of clothing and linens. The dry cleaning plant processed 20,495 articles.

A brighter, better appearing laundry was made so by the paint-up program that was completed. Our equipment has been improved by the replacement of one 48" extractor and two small dry tumblers. Requested for in the future are the replacement of two small dry tumblers for our large old one and 3 presses. The granting of these requests will give us a well equipped laundry, and it will also reduce our repair expenses. It will enable us to press more pants and shirts for our patients.

The improved appearance of our patients was aided by the new clothing system now in effect. Each patient is fitted to size and given three sets of clothing marked with his or her name. The laundry processes individually marked clothing and sends it directly back to the wards.

Being able to maintain our excess quota personnel, we are able to operate our dry cleaning unit, which is processing more and more each year. To terminate their positions, we would have to close our plant.

	<u>1953</u>	<u>1954</u>	<u>1955</u>
Patients' Linen	2,396,250	2,723,548	2,645,556
Employees' Linen	682,075	773,501	744,555
Dry Cleaning	<u>12,246</u>	<u>19,671</u>	<u>20,495</u>
<u>Totals</u>	<u>3,090,571</u>	<u>3,516,720</u>	<u>3,410,606</u>

Nutrition Department

The Nutrition Department operated under the direction of Miss Mary E. Forbes, Dietitian. The master menu plan prepared by the Committee of Standards and issued by the Dept. of Mental Health was utilized throughout the year to feed both employees and patients.

The following improvements, changes and recommendations were made in the Dietary Department during 1955.

More time was given this year to a more formal in-service training of dietary employees. This consisted of demonstrations and lectures within the department and two lectures on sanitation and proper methods of cleaning dish machines by a representative of one of the chemical companies.

The Head Dining Room Attendants were re-scheduled to give better supervision to more areas and a new system of daily written inspection reports was started.

Another Assistant Dietitian should be assigned to the hospital to insure seven-day, three-meal coverage, and to set up a more thorough training for cooks and dining room attendants.

Also needed are some additional personnel to relieve present personnel on sick-leave, industrial accidents and vacations, which amounts to approximately four hundred weeks each year.

All G.I. trays were removed from H-building, and partially removed from A and I, and were replaced with plastic dish service and trays.

A colored variety of dishes and trays were used this year to improve the attractiveness of the food service.

Reception cafeteria was painted a pale yellow to brighten this area and East and A-cafeterias were partially painted.

A sanitation inspection was given by the Department of Public Health and many excellent suggestions were made and followed.

The preparation of many items was improved or changed, including spaghetti and meat balls, roasts, meat pies and pastries to make these meals tastier for the patients.

Aluminum covered pans were purchased, which has improved the distribution of food tremendously by insuring a much more sanitary and a much better arrival of food.

"I"-building started feeding all patients in the building cafeteria.

More food was prepared this year for patients' parties and picnics.

The special diet program was continued and the special nourishment program was expanded.

A complete survey on food quantities for preparation and distribution was held, and revised accordingly. Charts were posted for all cooks and dining room attendants, and the Nursing Service cooperated by submitting a Bi-weekly Feeding Census.

Toasters were installed in L and S, I, A, G, Reception and West Patients', which means toast will be available for all patients eating in the cafeterias.

Metal cabinets with locks were placed in H-3 and B-I as a continuation of the project started last year.

Automatic soap dispensers were installed on all dish machines. New dish machines in "A" and Reception were installed to replace the old ones.

New type of blower heaters were installed in the East cafeteria. New coffee urns were installed in East.

A tray truck was purchased for B-4, which completes this project. The project of chairs and table replacements was continued with new aluminum chairs for the East cafeteria, new tables for one dining room in the West patient's cafeteria and the G-cafeteria.

Recommendations:

There were approximately 3,360,000 meals prepared and served to the patients and employees here at the hospital. Much of this work was done under difficult conditions. The kitchen is much too small. It was built to feed only six hundred patients. There is no bakery, and the bakers have to work nights using one small section of the kitchen. The vegetables are prepared in the scullery, which is a mile away from the kitchen. There is no longer any room in the kitchen to put new facilities that might improve the food service. I strongly recommend a new service building with proper facilities for all food preparations.

A steam table is needed for better service in the I-cafeteria and the East cafeteria; upstairs and down, badly needs remodeling to eliminate the rush, pressure and tension that presently exists for the one thousand patients eating in that area.

FISCAL YEAR, 1954-1955

	Appropriation	Transfers	Amended Appropriation	Allotted	Unallotted	Payments & Liabilities	Unencum. Balance
01	2,335,590	+ 8,330.00	2,343,920	2,343,920	00	2,334,076.98	9,843.02
02	385,960	+ 13,000.00	398,960	398,960	00	396,038.52	2,921.48
03	75,600	- 20,900.00	54,700	54,700	00	54,700.00	---
04	585,000	- 27,200.00	557,800	557,800	00	557,702.37	97.63
05	72,570	---	72,570	72,570	00	72,565.76	4.24
06	65,150	---	65,150	65,150	00	65,049.31	100.69
07	64,300	---	64,300	64,300	00	64,286.07	13.93
08	197,200	+ 28,500.00	225,700	225,700	00	225,660.55	39.45
09	1,200	---	1,200	1,200	00	1,199.24	.76
10	5,000	- 400.00	4,600	4,600	00	4,299.71	.29
11	800	+ 250.00	1,050	1,050	00	1,037.58	12.42
12	75,000	---	75,000	75,000	00	74,997.99	2.01
14	13,650	---	13,650	13,650	--	13,579.75	70.25
15	21,780	+ 2,250.59	24,030.59	24,030.59	00	24,030.59	---
16	300	---	300	300	00	253.60	46.40
	3,899,100		3,902,930.59	3,902,930.59	--	3,889,778.02	13,152.57
		3,830.59					

The total expenses for the year were \$3,917,654.53, for a gross per capita cost of \$1,257.27.
The daily per capita cost was \$3.44

BEAUTY PARLORS

The Hairdressers from the East and West Beauty Shops have completed:

7,453	shampoos
7,756	finger waves
10,051	hair cuts
3,204	female shaves
535	blue rinses
937	manicures
153	permanent waves
269	scalp treatments
859	bornate treatments
21	facials

The total figures of work is not as large as in previous years, owing to the loss of one of the hairdressers. She left the Boston State Hospital the first of March, 1955 and has not been replaced. I hope this position will be filled shortly.

Barber Shops

The Reception Barber Shop gave 16,452 shaves and 5,698 haircuts during the year.

During the year, an inspection was made of all barber shops by the Board of Registration of Barbers. Procedures, being followed by the barbers, were criticized as not up to required standards. The lack of essential equipment was also deplored. Major barber shop renovations will be required to meet standards, and have been asked for elsewhere in the budget. Steps have been taken to improvise or purchase cabinets for towels, hampers for soiled linen, sterilizers and extra equipment. Both the barber shop and beauty parlor need a responsible head who would be responsible for requisitions, supplies, sanitation and supervision of the employees in these departments. It is unsatisfactory to expect that nurses will be able to give the technical guidance required to get barbers and beauticians to do their best work.

MAINTENANCE DEPARTMENT

This department under a Maintenance Foreman has assigned 7 carpenters, 8 painters, 3 masons, 2 construction handymen and 1 roofer.

	1953	1954	1955
Glass panes installed	8,575	9,018	8,911
Furniture repaired	2,724	2,352	2,431

10,900 ft. asphalt tile installed to replace worn linoleum.

Asphalt tile repairs have been made in the A, B, Q, West Emp., G, H, Reception building.

Interior painting has been done at A, B, K, Reception, Cottage 3, P, Canteen, Laboratory, Nurses' Quarters, Laundry, Male Home, East Cafeteria, Staff House, Administration building, Superintendent's house.

Exterior painting has been done at West Employees' Chapel, L, M, N, R-buildings.

Roof repairs -- damage that was caused by hurricanes in 1954, have been done at R, B, I, West Employees, Laundry, West Kitchen, Chapel, E, F, K, Barn and Farm House, L, M, N, East S-building.

The old blacksmith shop on Canterbury Street was torn down and burnt.

The tunnels connecting the buildings on the East Group have been water-proofed.

About 450 ft. curbing at G-bldg. was re-built.

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Floor in washroom at Laundry removed and replaced with reinforced concrete floor.

4 new outside doors have been built and installed;

2 at I-bldg., 1 at Laundry, 1 at S-bldg.

26 door closers repaired and installed.

The wire fence in the tunnel under N and O-buildings has been repaired; this wire fence under these basements should be removed and replaced with a masonry wall such as Cinder blocks or cement blocks; the patients are always tearing the wire apart.

POWER PLANT WORK

The tubes in all boilers were cleaned by using a water-driven tube cleaner. This cleaner removes scale from the interior of tubes.

The drums and combustion spaces of all boilers were cleaned and an annual inspection was made by the Massachusetts Dept. of Public Safety, and a certificate of approval was issued on them.

The following work was done on boiler tubes:

Boiler #1 - replaced 84 tubes in rows 1, 2, 3 and 4.

Boiler #3 - replaced 84 tubes in rows 1, 2, 3 and 4.

This was a Repair and Renewal project and work was done by C & W Boiler & Mfg. Co., Holliston, Mass.

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Note: The Repair and Renewal projects are part of a preventive maintenance program, the objective being to obtain a maximum of continuous boiler performance.

The following work was done on steam turbines:

Re-assembled the No. I (250 K.V.A.) turbine. The rotor of this machine had been sent to the Worthington Corp., the manufacturer, at Wellsville, N. Y. for repairs. This company fitted a new shaft and one new wheel and returned rotor to hospital.

The following work was done on valves:

Replaced a 5" cast iron valve on steam line to No. I turbine with a 5" steel valve.

Replaced a leaky 4" valve on high pressure steam make-up line to East Side buildings.

Replaced a leaky 2 $\frac{1}{2}$ " valve on main steam line to East Side reducing valve.

Installed continuous blow-down-valve on all boilers and connected a heat exchanger and flash tank to these valves. The object of this project is to provide controlled concentration of boiler feed water and also to utilize the re-heat valve in dissipated hot boiler water.

Replaced worn collector rings on the 375 K.W.A. 2,300 volt generator.

The contents were removed from 2 oil tanks and tanks cleaned by Walter Bros., Revere, Mass.

The entire roof was dismantled and a new roof installed over boiler room and shop section. Work done by Michael Raccioppi, Boston, Mass.

PLUMBING & STEAMFITTING

A defective 6" underground main water valve (vicinity of West Kitchen) was replaced.

Replaced a cracked bonnet on underground 6" valve (rear of C-building) on main water supply system.

Replaced a broken stem in underground 6" valve (outside K-building) on main water supply system.

Installed 4 water closets, 3 lavatories and 1 urinal in C-building. Also installed and connected to these fixtures the necessary water, waste and vent lines. These new fixtures are for the Industrial Dept. and Maintenance Dept.

These departments were obliged to vacate the Industrial bldg. which was razed and site made available for new Medical & Surgical Building.

Installed new automatic dishwashers at cafeteria in A-bldg. and Reception. These replaced old and obsolete models.

Replaced all galvanized wrought iron pipe with 3" copper streamline pipe on water main in N-Basement.

This is main line which supplies water to Storehouse, Bakery, East Cafeteria and Greenhouse.

ELECTRICAL WORK

The Kenworthy-Taylor Co. of Everett, Mass. installed 3 poles with overhead wiring and 100 feet of underground 5,000 volt cable into the Superintendent's house. This was an emergency project to replace a defective underground service.

Installed 200 feet of 3 No.6, 5,000 volt conductors underground between manhole in road at Storehouse and transformers in bakery. These cables were laid in transite conduits.

These new cables supply light and power to bakery, East Cafeteria and Greenhouse. They replace a temporary electric service which was furnished by electric distribution panel at Storehouse.

Installed switches, conduits, panels, wiring and outlets in C-building to take care of requirements of Maintenance and Industrial departments.

Installed wiremold, wiring and additional outlets for insulin therapy unit in B-7.

Installed outlets and wiring for electric toasters in East Cafeteria, A, I and Reception cafeterias.

OTHER WORK AND REPAIRS

Made weekly inspections of alarm systems on sprinkler valves. Re-charged all fire extinguishers.

Installed 1, 48" extractor and 3 tumbler dryers in laundry and connected electric wiring and steam services to same.

The J.W.Prought Co. of Worcester, Mass. replaced steam and return lines to A,B,E,F,H,K and West Employees' Home.

Replaced many old galvanized iron water pipes in basement at East Cafeteria with brass pipe. This work resulted in a larger supply of water available for cafeteria services.

Replaced all thermostatic elements and seats in all radiators at West Nurses' Home. Also replaced all thermostatic drip traps on heating mains in this basement (West Nurses) with combination float and thermostatic traps; also replaced all stem packings in all radiator valves in this building and had the manufacturer (Waters Valve Company) repair main heating reducing valve.

Replaced 100 feet of 4" main steam pipe and 100 feet of leaky 2 1/2" steam return pipe, located in underground tile, on steam supply to laundry between pump house in rear of power plant and laundry basement.

Installed 2 unit heaters and steam and returns line to same at Occupational Therapy room at East Cafeteria.

Started project of replacing all thermostatic elements and seats in all radiator traps at G-building.

Installed 7 radiators and piping to same at C-building, for Maintenance and Industrial departments.

Fires

There were 12 fires during the year. Causes according to table below.

Summary

<u>No.</u>	<u>Date</u>	<u>Damage</u>	<u>Circumstances</u>
	July	None	None
1	August 5	None	Reception 1. Chair. Probably careless handling of a cigarette.
2	" 11	50¢	Reception 4. Hand towel. A hand towel was wrapped around a burning electric light in a locked broom closet.
	September	None	None
	October	"	"
3	November 20	"	I-2 Bits of toilet tissue in the heating system that had become charred, producing smoke.
4	December 10	\$25	G Building. Damage to mattress, blanket, sheet Patient heaped papers on floor and ignited them with matches.
5	December 14	None	I-2. Ventilator Papers and rags stuffed into a ventilator which were ignited.
6	December 15	"	I-2. Ventilator. Patient tore bits of toilet tissue and newspaper and plugged grill opening of a ventilator which were ignited.
7	December 18	\$35	Reception 3. Mattress, blanket and 2 sheets destroyed. Patient suspected of setting the fire.
8	December 27	None	I-2. Ventilator. Patient stuffed bits of paper down a ventilator, succeeded in igniting them by discarding a lighted cigarette down the ventilator.

<u>No.</u>	<u>Date</u>	<u>Damage</u>	<u>Circumstances</u>
	January	None	None
9	February 19	\$7.50	G. Female Day hall. 1 pair curtains.
			Ignited by patient with match.
10	February 22	None	I.2.
			Patient threw cigarette down register.
11	February 23	\$5	I-2
			Patient threw cigarette down register.
12	February 24	\$10	P-3. Mattress.
			Careless disposal of cigarette by patient.
	March	None	None
	April	"	"
	May	"	"
	June	"	"

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INSERT BEFORE CHAPLAINS' REPORT

STATUS CERTAIN ITEMS, ETC.

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CHAPLAINS' DEPARTMENT

CATHOLIC CHAPLAINS

Number of	Catholic Patients Admitted.....	1,138
" "	Deaths.....	256
" "	Patients receiving Last Rites.....	467
" "	Confessions heard (approx.).....	6,010
" "	Holy Communions distributed (approx.)	6,260

I Religious Services

On each Sunday, Holy Days of Obligation, Major Feast Days of the Church and on the First Fridays of each month, two Masses were celebrated. Mass for the employees is celebrated at 6:15 A.M. in the West Chapel in the Nurses' Home and is attended to the extent that many employees remain standing outside the Chapel during Mass. Mass for the patients is celebrated at 8:30 A.M. in the East Chapel. During the past year, the patients' Mass has been very well attended because every effort has been made by Dr. Barton and the Personnel to urge the patients to attend religious services. We are deeply grateful to them for their cooperation. On Sundays and Holy Days of Obligation the Chapel is filled with more than 400 patients in attendance. Very often at the Masses on week-days, when Catholics have no obligation to attend Mass, the attendance exceeds 250, which is very encouraging to the Chaplains.

Every Friday morning Confessions were heard on the East Side and every Saturday morning on the West Side. All patients who were capable were given the opportunity to receive Holy Communion at their Mass on Sunday. The patients found it very easy to prepare for confessions with these scheduled hours.

Whenever patients request the priest to hear their confessions during the week in order to ease their conscience, the priest is always available. Many such requests are granted every day. Confessions are also heard before First Friday, a special day of devotion, and Holy Days of Obligation. During the seasons of Lent and Advent, every Catholic patient in the hospital is given the opportunity to go to confession. Visiting priests who can speak a foreign language are invited to assist in hearing the confessions of those patients who cannot speak English.

During the Holy Seasons of Lent and Advent, Masses were celebrated with the written permission of His Excellency, Archbishop Cushing, in the A,B,G,H,I and O-buildings, where the patients are disturbed, senile or have tuberculosis and could not attend religious services in the Chapel. On the First Friday of each month, confessions are heard and Holy Communion is distributed to the T.B. patients in the G-building and also to the patients on the surgical wards in the H-building. Holy Communion is also distributed on week-days to patients who request the Sacrament and are capable of reception.

Throughout the past year, many other Religious Services were conducted. They included the blessing of throats on the Feast of St. Blase, distribution of ashes on Ash Wednesday, Stations of the Cross on Fridays during Lent, with special devotions on Good Friday and distribution of Palms on Palm Sunday.

During the month of May there was set up a Marian Shrine in the patients' chapel. A Novena of Grace was conducted for the employees and nurses in the West Chapel.

The Chaplains constantly make every effort to bring the Sacraments to all patients capable of receiving them. A daily visit is made to the Infirmary Wards and the Last Rites of the Catholic Church are administered to the patients who require them. At any time during the day and the night the Chaplains have always been available for spiritual ministrations to the patients. During this past year, 467 patients received the Last Rites. So far as possible, every ritual is conducted in order that in these unfamiliar surroundings the Catholic patient might feel at home. The Chaplains' task does not end with the Last Rites, but during the past year they have conducted burial services for patients who have died without relatives, and as an act of charity celebrated a Mass for their departed souls.

II Consultation with Patients

The Chaplains make every effort to visit each new Catholic patient who is admitted to the hospital. He encourages and offers his assistance to the patient. He attempts to create in the patient confidence in the doctors. The Chaplains visit the patient often and promises the patient that they will do everything in their power to help him or her along the road to recovery. Whenever patients request a visit from the priest, which is very frequent, the visit is made. The Chaplain is present on the grounds of the hospital throughout the day and

is always available to the patients and staff. Frequently, discharged patients return to see the Chaplain for consultation and advice.

III Consultation with Relatives

The work of the Chaplains is not restricted merely to the patients, but also includes contact with the relatives of the patients. The Chaplains are present on the wards of the hospital during visiting hours in order to give relatives an opportunity to consult and be advised by them. The relatives are also at liberty to call upon the Chaplains at the Rectory, and a great number of them do. It has been a great source of comfort to relatives to know that the Sacraments are available to all patients capable of receiving them.

IV Educational Program

The Chaplains, whenever possible, take part in the educational program of the hospital. Upon the arrival of a new class of student nurses an opportunity is given to the Chaplains to clarify their role in assisting the Chaplains in the performance of their duties in the hospital. On several occasions, the Chaplains addressed groups informing them of the nature and purpose of mental hospitals -- hoping to eradicate the stigma which is erroneously applied to those who are mentally ill.

During the past year, a new step was taken in this respect, the educational program of the hospital. Every Thursday afternoon five students from St. John's Seminary in Brighton came to the hospital. They were members of the Deacon Class at the Seminary and were the next group to be ordained to the Priesthood.

Dr. Mackenzie, Assistant Superintendent of the Hospital, acquainted the future priests in his most informative and interesting lectures about Mental Illness, its types, etc. and the Boston State Hospital. At the request of the Chaplains, six members of the Faculty at St. John's Seminary addressed the members of the Staff on topics kindred to Religion and Psychiatry.

The Chaplains also participated in a "Go To Church Movement" initiated by Dr. Barton, Superintendent, to increase the number of patients attending religious services. The Chaplains offered suggestions as to how this end could be obtained. We are pleased to report that attendance at all our religious services has been increased, and we are deeply grateful to Dr. Barton and the Personnel of the Hospital for their co-operation.

From all indications, the Chaplains' role is well established and clearly defined at the Boston State Hospital. There has been excellent co-operation on the part of doctors and personnel during the past year with one object in view, the comfort and cure of the patients.

V Community Contacts

For the past twelve months a great deal of work has been done to sponsor groups to visit the patients. On a monthly basis, the following groups have visited the patients: St. Agatha's Catholic Women's Club of Milton; the Marian Visitors of Hyde Park; The Marian Visitors of Neponset and the Milton Catholic Club.

On each visit these groups donated clothing, magazines, religious articles and refreshments. They have been assigned a regular area of the hospital and have become well acquainted with many of the patients. The patients look forward to their visits and parties, and derive a great deal of comfort and happiness from their association with members of these volunteer groups.

There are other Volunteer Groups which visit the patients at Christmas. The Catholic Guild for the Blind sponsored a large Christmas Party. Students from Emmanuel College provided a wonderful Christmas Party for the elderly during the past year. One of the entertainment highlights of the year was a spirited and talented Minstrel Show produced by members of the C.Y.O. of St. Joseph's Parish in Hyde Park. Several Catholic clubs contacted by the Chaplains send from time to time to the hospital clothing and magazines.

We are sincerely grateful to the Superintendent, Dr. Barton, and the Personnel of the Hospital for the wonderful spirit of co-operation which they have shown to us during the past year. It has made our work pleasant and enabled us to be more effective in carrying out our mission to the patients in the Hospital.

PROTESTANT CHAPLAIN

Work was begun after Labor Day, 1954. Many of the features begun by Chaplain Robert Leslie were to be continued: the course in Interpersonal Relations I (fall semester) and II (spring semester) in the Boston University School of Theology; the Summer Training Program under the Institute of Pastoral Care. Plans had been for me to teach at Andover Newton Theological School also, but funds did not materialize. Thus, it was necessary to continue in my job as Secretary of the Department of Institutional Ministry of the Massachusetts Council of Churches (20 hours per week). Chaplain Kendrick R. Lee, who had been helping Chaplain Leslie, was hired as Assistant Chaplain. Hospital coverage throughout the year was as follows:
On Sundays, Mondays, Tuesdays and Wednesdays by myself;
On Mondays, Thursdays and Fridays by Chaplain Lee.

The regular features of the Chaplaincy Program were begun: Sunday morning worship, calling on new admissions and danger list patients, choir rehearsals. Chaplain Leslie's hymn singing group on Ward A (weekly) and therapy group on Ward S (weekly) were continued as well as ward services on Wards B, G and I (monthly). Special Thanksgiving and Christmas Day services were conducted as well as the traditional Christmas ward programs of carol singing and film strips. A Christmas party for the choir and chorus was planned and put on with Miss Berkowitz, O.T. After the new year, a monthly tea was added to choir rehearsals. Lent and Holy Week were observed in the usual way with Communion services on most of the wards. A very important contribution

to the religious program of the hospital was the series of lectures organized by Dr. Rosen; speakers on the Protestant view were secured by our department.

The Chaplains have participated in various activities of the hospital: the seminar on group therapy by Dr. Rosen; staff meetings; hospital seminars; talks to students in the Nursing and Occupational Therapy services, residents and some of the departments; ancillary staff of Occupational Therapy, Social Services and Protestant Chaplains for training of students; parties, teas and other activities within the hospital. Talks were given to groups outside which were interested in learning about our hospital and its program. The following professional meetings were attended: regional mental hospital Chaplains; regional American Protestant Hospital Association; Department of Pastoral Services, National Council of Churches (New York); Chaplain Supervisors of Institute of Pastoral Care (Chicago); Association of Mental Hospital Chaplains (Atlantic City) where a paper on Areas of Research was presented; 9th Annual Chaplains' Conference (New England Medical Center) where a paper on Group Therapy was given. A paper on "The Role of the Chaplain in Treatment and Therapy" was presented to a study conference of New York State Chaplains at Brooklyn State Hospital. An article titled "Pastoral Experiences in Interpersonal Groups" appeared in Pastoral Psychology, 1955. Chaplain Howard also served as Regional Representative of the Association of Mental Hospital Chaplains and as Chairman of its Research Committee.

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There were eight clerical students enrolled for the Fall semester of Interpersonal Relations I; ten for the Spring semester. Plans are to continue this course in 1955-56, broadening the experience of the student with categories of mental patients and interviewing methods. There are ten students in the Clinical Pastoral Training this summer for a twelve weeks intensive program of five days a week. A trend toward a more didactic program is in progress. All of the students, Summer and Winter, have been very grateful for the warmth and open welcome by the personnel and patients of the hospital. Special thanks goes to Dr. Mackenzie, Dr. Rosen, Dr. Johnson, Dr. Wilson and Dr. Stulberg.

Besides the changes contemplated in the training program, it is hoped that more time may be spent at the hospital this next year. This will be possible if the salary from the Commonwealth is raised. Secretarial aid would be a great help in keeping track of Protestant patients. Because of the large population in B-building, changing the monthly service to a weekly one has been discussed with Dr. Ehrenberg for the Fall. Participation in staff and other activities of the hospital would be possible.

At the end of this first year, I am very grateful for the kindness and warmth extended to me, in large part due to Chaplain Leslie's Ministry before me. Much thanks is due Chaplain Lee for his fine assistance this year. I am looking forward to a closer relation and a larger program in the coming year.

JEWISH CHAPLAIN

The work of the Jewish Chaplain in his second year in the past, has in the main, followed the pattern established the previous year. The average Jewish population of the Hospital exceeds 350 patients, and the greater familiarity with the patients and hospital life has been felt, it is hoped, in the quality of the services rendered. One must bear in mind that the Jewish Chaplain deals not only with a particular religious denomination but with a group that has particular social and cultural characteristics, especially among its older and immigrant members.

The work of the Chaplain may be divided into the following areas: A)Religious Services, B)Contacts with Patients, C)Contacts with Non-patients.

A. Religious Services

Religious services continued to be the focal point of the Chaplain's activities, though, by no means, the most important. It is at these worship meetings that the Chaplain made the acquaintance of patients, resulting in follow-up private meetings on a personal basis. It was here, too, that a patient could give expression to his Jewish and religious feelings. It is at Services, too, that patients meeting with their co-religionists could give security and strength to each other.

The main Service in the program is the Sabbath Service held every Friday afternoon in the Reception building, or, weather permitting, on the lawn near the Reception building.

An abbreviated Service of Hebrew and English prayers read from prayer books; hymns and a brief sermon constitute the program of these meetings. On occasion, visiting rabbis and cantors graced the pulpit, and wherever possible patients from the congregation were invited to lead in prayer or song.

All Jewish Holidays were observed with special services. The High Holy Days of Rosh Hashonah and Yom Kippur were ushered in with Cantor and Choir and a congregation of 200 worshippers. Passover was celebrated with a Feast in the West Cafeteria attended by 130 patients seated to a Kosher catered dinner. Special provision was also made for several patients who wanted to observe dietary law throughout the Holiday. Chanukah and Purim were observed with evening programs featuring music and prayer by visiting choral groups.

After all religious services a collation is served by a volunteers' group in honor of the Sabbath or Holiday.

Weekly services are attended by an average of 75 patients, while holiday services are attended by 100 or more. The attendance is largely determined by the efforts made by several attendants to prepare, remind and bring the patients to worship. The designation of given attendants in every ward and every building charged with this specific duty would insure satisfactory attendance at all services and programs.

B. Contact with Patients

The Chaplain continued his efforts to meet a greater number of patients on an individual basis. On the whole, patients are rather eager to meet with the Chaplain and to discuss a

great variety of problems, most of them of necessity, of a non-spiritual nature. With many patients, the Chaplain is the strongest link in the institution with the world outside. At several occasions during the year, hospital personnel have turned to the Chaplain with an emergency call to deal with patients especially disturbed.

A particular effort has been made to meet with every newly admitted patient, with patients in the Reception building and with patients placed on D.L. The Chaplain is notified of all deaths and makes certain that religious burial is accorded whenever the body is not claimed by family.

Patients discuss a variety of problems about their family, job, community, etc. They often turn with the request "get me out of here" to which, of course, the Chaplain must remain in role of passive listener -- though in a few cases, certain elements in the patient's case were noted to hospital staff for special consideration.

The Chaplain could be helped to function better if staff would refer to him cases of specifically religious and spiritual problems, and if all personnel would promptly forward every patient's request to meet with Chaplain.

C. Contact with Non-Patients

An important phase of the Chaplain's work has been his contact with family of patients, particularly of new patients and of patients placed on D.L. Families turned to the Chaplain for assurance of the well being of their member newly institutionalized. Families also had to be assured of the

necessity for some particular hospital rules and routines. When patients were on D.L. or had died their families would need assurance and comfort and the Chaplain would be called immediately to the bedside of a critical patient.

The Chaplain, during the year, addressed several Congregational organizations and fraternal orders, bringing the story of mental health and the work of the Hospital to the community.

On several occasions, the Chaplain joined the other Hospital Chaplains in presenting the work of the Chaplain to the doctors, nurses and other members of the hospital team.

The Chaplain has also guided the continued growth and activity of the Community Friends of the Boston State Hospital. This volunteers' group has now grown to over 300 members and is a strong link between the patient and the community. The group frequently visits the hospital, serves refreshments after services, arranges parties and picnic-outings; distributes gifts and favors and in many other ways brings comfort to the patients.

The Chaplain also directed the Chaplaincy Training Program for the United Rabbinic Chaplaincy Commission. This program consisted of a ten-week series of lectures given by the various professional workers in State institutions on the aspects of hospital and prison work. Over twenty rabbis of the Greater Boston area were enrolled in the course held at the Hospital.

ANNUAL REPORT OF THE PRESIDENT OF THE WOMEN'S AUXILIARY

1954-1955 SEASON

The year 1954-55 found the Women's Auxiliary of the Boston State Hospital carrying on all their traditional activities with several new projects added.

1. \$159.97 was used by the Auxiliary to buy a television set for the working patients in the basement of the Male Home and to be used wherever needed in the future.
2. \$100.00 was added to the Patients' Rehabilitation Fund.
3. \$64.50 was used to complete the Radio Room that was re-decorated last year.
4. \$400.00 has been allotted to re-decorate the Admitting Units in the Reception building. This work will be completed this summer.
5. \$146.45 was spent on gifts for the Gift Cart which made a complete tour of the H-M-O-B-J-G buildings.
6. Our annual Christmas Party was given to 210 male patients in Upper-H building.
A colored western movie was shown and refreshments were served.
Gift packages were given to each patient in Upper-H, also working patients in H-Linen Room, the garage and Industrial building.

Gifts were also given to Social Service to be distributed to Family Care patients, and \$50.00 donated so that each patient might receive a gift of money.

7. 19 patients took advantage of the Auxiliary Shopping Service and were very pleased with our selections. The Auxiliary feels that all patients and hospital personnel do not know about this service.
8. The highlight of the year for both the patients and the Auxiliary members is the Easter Hat & Style Show. About 1,000 hats were collected, cleaned and decorated. 14 models were trained and completely dressed for the show. After the show they were allowed to keep their outfits. Two door prizes were presented to the lucky ticket holders.

Approximately 500 patients who attended the show received a new hat and were served refreshments.

50 hats were given to Social Service to be distributed to Family Care patients.
As usual, the remaining hats were sent to the B-Bldg.

9. \$12.00 was given by the Auxiliary to purchase prizes for the Patients' Annual Flower Show.
10. As usual, the Auxiliary members assisted in other departments when requested, such as wrapping packages at Christmas, working in booths at the in-door carnival, judging at the Patients' Flower Show.
- II. Tentative plans were made for equipment for a Coffee Shop in the new building. The project chairman and president visited coffee shops in other hospitals in order to see equipment and study how they were operated.
- I2. Auxiliary money-raising projects were:
 - a. Picnic - Sept.
 - B. Food Sale - Home-made sandwiches, cakes, cookies and coffee were served in the Administration building and B-building. - November.
 - c. Book Review - February.
 - d. Card Party - June

Other money received from donations at Christmas - regular membership dues and assoc.-membership dues.

DISTINGUISHED VISITORS

1954-1955

<u>Date</u>	<u>Name</u>	<u>Residence</u>
<u>1954</u>		
August 9	William A. Townsend, M. D.	Public Health, Commonwealth of Massachusetts
" 17	John Parks, M. D.	Bureau of Indian Affairs
" 17	John W. Dacey William Bixby Charles E. Shephard	Budget Commission, Commonwealth of Massachusetts
" 19	Gerald W. Blakeley John L. Gallant	Building Commission, Commonwealth of Massachusetts
" 27	Dr. M. R. Gaitonde	Shri Shantiniketon, 1st Road, Khar, Bombay, 21, India
September 21	Representative Ernest A. Johnson " D. Joseph Burke	Worcester, Mass. Belmont, Mass.
" 22	Reverend D. O'Leary	Cork City, Ireland
" 24	John D. Downey John F. Freno	Worcester, Mass. Wollaston, Mass.
October 3	Dr. Donald Lippit	Ann Arbor, Michigan
" 3	Dr. Joseph Zubin Dr. Talcott Parsons Dr. Alfred Stanton Dr. Richard Williams	New York Cambridge, Mass. Boston, Mass. Washington, D. C.
" 22	Dr. Frazier Steele	Dundie, Scotland
November 1	Governor Christian A. Herter Jack R. Ewalt, M. D. Mr. Joseph P. Gentile Mr. Hall Nichols	Governor, Commonwealth of Massachusetts Commissioner, Department of Mental Health Assistant Commissioner, Department of Mental Health Division of Public Buildings
December 8	Judge John Connelly Eleanor Glueck, Ph.D. George Gardner, M. D.	Boston, Mass. Cambridge, Mass. Boston, Mass.
" 31	P. MacDonald	Nuffield Department of Surgery, Oxford, England

1955

February 7	Mr. Jack McIllnagle Mr. Al Blakely	Weyburn, Saskatchewan " "
March 8	Mr. John A. Shyston Mr. Charles W. Ingler	Columbus, Ohio " "
" 8	Mrs. Ross and Mrs. Clark	Weyburn, Saskatchewan
" 15	Representatives Kahalas and Mirsky	Boston, Mass.
" 25	Senator Leslie B. Cutler Mrs. Randolph P. Rice Mr. James W. Faulkner	Needham, Mass. Weston, Mass. Brookline, Mass.
April 15	Dr. Walter Jetter	Latrobe, Pennsylvania
May 4	Dr. Maxwell Jones	Social Rehabilitation Unit, Belmont Hospital, Sutton, Surrey, England
" 16	Dr. K. C. Dubie	Mental Hospital, Napur, India
June 16	Dr. Kenneth Green	Connecticut State Hospital, Middletown, Connecticut
" 29	Mr. David N. Boynick	Connecticut Department of Mental Health, Hartford, Connecticut

FINANCIAL REPORT

1

BOSTON STATE HOSPITAL

(Name of Institution)

19...55...

To the Department of Mental Health:

I respectfully submit the following report of the finances of this institution for the fiscal year ending June 30, 19...55.....

STATEMENT OF EARNINGS

Board of Patients:—	\$ 197,521.35	
Private.....		
Cities and Towns.....		
Collections by D.M.H.	38,275.33	
Briggs Clinic Fees	1,643.75	\$ 237,440.43
Personal Services:—		
Labor of Employees.....		\$
Reimbursements from Board of Retirement.....		\$
		\$
Sales and Rents:—		
Food.....	\$ 534.35	
Clothing and Materials.....		
Housekeeping Supplies.....	558.50	
Laboratory and Medical.....		
Heat and other Plant Operations.....		
Farm and Grounds.....	10.00	
Automotive.....		
Advertising and Printing.....		
Repairs.....		
Special Supplies.....		
Office and Administrative.....		
Equipment.....		
Special Outlay.....		
Junk.....	533.82	
Land.....	2.00	1,638.47
Meals-Employees.....		13,605.30
Rents - Employees.....	35,069.33	
Other.....	2,405.21	
Total Rents.....		37,474.54
Miscellaneous:.....		
Damage to Property.....	30.54	
Court Fees.....	2,010.68	
Interest on bank balances.....	334.97	
Refunds Previous Years.....	26.00	
Witness Fees.....	19.00	
Lost Property.....		
Total Miscellaneous.....		\$ 2,420.99
Total Cash receipts reverting and transferred to the State Treasurer.....		\$ 292,579.73
Total Earnings for year (page 9, Inst. Income).....	84.82	\$ 292,579.73
Accounts Receivable outstanding July 1, 19...54.....	140.87	827.36
Accounts Receivable outstanding June 30, 19...55.....	332.45	247.63
Accounts Receivable increased.....		\$ 247.63
(If decreased, show in red ink)		

MAINTENANCE APPROPRIATION

Appropriation, current year, 1955

49 3902,930.59

Total

50 3902,930.59

EXPENDITURES AS FOLLOWS:

01. Salaries, Permanent	49 2334,076.96
02. Salaries, Other	396,038.52
03. Services — Non-employees	54,700.00
04. Food For Persons	557,702.37
05. Clothing	72,565.76
06. Housekeeping Supplies and Expenses	65,049.31
07. Laboratory, Medical, and General Care	64,286.07
08. Heat and Other Plant Operation	225,660.55
09. Farm and Grounds	1,199.24
10. Travel and Automotive Expenses	4,599.71
11. Advertising and Printing	1,037.58
12. Repairs, Alterations and Additions	74,997.99
13. Special Supplies and Expenses	13,579.75
14. Office and Administrative Expenses	24,030.59
15. Equipment	253.60
16. Rentals	
18. Special Outlay	

Total Maintenance Expenditures

51 3889,778.02

Balance of Maintenance Appropriation, June 30, 19 55

13,152.57

52 3902,930.59

PER CAPITA

During the year the average number of patients has been

3031

Total cost of maintenance

\$ 3889,778.02

Equal to a weekly per capita cost of (52 weeks to year)

\$ 74.52

Total receipts for the year

\$ 292,579.73

Equal to a weekly per capita of

\$ 1.84

Total net cost of Maintenance for year
(Total Maintenance less total receipts)

\$ 3597,198.29

Net weekly per capita

\$ 22.67

Respectfully submitted,

Ellen B. Hauke
Treasurer

Financial Statement Verified
(Under Requirements of G. 7, S 19, R.S.)
Date September 14, 1955
By Joseph A. Grumney app. y.
for the Comptroller R. C. H.
Approved for Publishing
Fred A. Moncewing, Comptroller

Boston State Hospital

Valuation

June 30, 1955

Real Estate - Land 211.73 acres	\$ 2,588,050.00
Buildings & Betterments	<u>3,357,654.13</u>
	\$ 5,945,704.13